

LEGAL NOTICE
Request for Proposals (RFP)
Title: Expansion of Community Training Vendor Supports for DDS Licensed Community Training Homes in Connecticut in 2011

The State of Connecticut, Department of Developmental Services is seeking proposals to expand Community Training Vendor Supports for Established and Licensed Community Training Homes.

All communication, including referral packets, will be accomplished electronically through the Department's Official Contact. No direct communication is allowed with consumers, families, guardians, DDS staff and/or Community Training Home licensees unless approved and coordinated by the Department's Official Contact.

The Request for Proposal is available in electronic format on the State Contracting Portal at www.das.state.ct.us/Purchase/Portal/Portal_Home.asp or from the Department's Official Contact:

Name: **Domenica Perrino**
Address: **Department of Developmental Services**
Rowland Government Center
55 West Main St., 3rd Floor
Waterbury CT 06702
Telephone: **203-805-7418**
E-Mail: Domenica.perrino@ct.gov

The RFP link is also available on the Department's website at <http://www.ct.gov/dds> under the "Business Opportunities (RFPs)" link. A printed copy of the RFP can be obtained from the Official Contact upon request. Deadline for submission of proposals is November 30 , 2011 by 4:00 p.m.

TO BE PUBLISHED IN:

HARTFORD COURANT
STATE CONTRACTING PORTAL
DDS WEB SITE

**REQUEST FOR PROPOSALS (RFP)
BY THE STATE OF CONNECTICUT
DEPARTMENT OF DEVELOPMENTAL SERVICES**

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BY
THE STATE OF CONNECTICUT
DEPARTMENT OF DEVELOPMENTAL SERVICES**

I. GENERAL INFORMATION

A. GENERAL INTRODUCTION

1. **RFP Name** – Expansion of Community Training Vendor Supports for DDS Licensed Community Training Homes in Connecticut in 2011.
2. **CTH RFP Number** – 2011 – 10118
3. **RFP Summary** – The State of Connecticut, Department of Developmental Services (DDS), is seeking proposals to provide Community Training Vendor supports for 32 individuals with intellectual disabilities living in 23 established and licensed Community Training Homes (“CTH’s”) in the following geographic areas:
 - 1) NR #1: North Region, Northeast Corner, CT –Brooklyn, Danielson, Moosup, Dayville.
8 individuals in 5 DDS licensed CTH family homes.
 - 2) NR #2: North Region, Northeast Corner, CT – Thompson, Danielson, Putnam, Plainfield , Pomfret Center, Woodstock
8 individuals in 6 DDS licensed CTH family homes.
 - 3) WR #1: West Region, Cheshire/Waterbury, CT – Cheshire, Waterbury, Oakville
8 individuals in 7 DDS licensed CTH family homes.
 - 4) WR #2: West Region, Stratford/Bridgeport, CT – Stratford, Bridgeport, Trumbull.
8 individuals in 5 DDS licensed CTH family homes.

For each group awarded it is required that at least 8 additional CTH’s will be developed and licensed by the provider awarded these contracts within the 18 – 24 months from award date.

The CTH program assists individuals with the acquisition, retention, or improvement in skills related to activities of daily living, such as the preparation of food, personal grooming and household chores, and the social and adaptive skills necessary to enable the individual to reside in a home in the community and participate in community life.

DDS is seeking proposals from private non-profit and for-profit organizations to provide vendor supports as specified in the DDS Community Training Home master contract section d. (see Exhibit A) and the Community Training Home Agreement (Exhibit B) associated with the operation of one or more of the community training homes. The successful proposer(s) will be responsible for providing support and guidance to individuals of the Department, maintaining the health and safety of the residents, assisting potential or established CTH licensees in acquiring and/or maintaining a CTH license, safeguarding the individual funds of the residents, and following the policies and procedures of DDS related to Community Training Homes.

Current qualified CTH providers with DDS CTH contracts may not submit proposals for this RFP. The purpose of this RFP is to expand the number of qualified providers that contracts with DDS to provide CTH Vendor supports. Providers who meet the minimum qualifications as stated in this RFP are eligible to submit proposals.

Proposers may only submit proposals for the specific geographic groupings of DDS consumers and DDS licensed CTH family homes as listed above, and in the program component section. Proposers may not alter in any way the individuals or licensed CTH family homes identified in each grouping. Proposers who do comply with this requirement will be disqualified.

The due date for proposals is 4:00 p.m., on November 30, 2011. Proposals must be received in the required packaging and labeling at the **DDS Waterbury Office, Rowland Government Center 55 West Main Street, 3rd Floor, Waterbury CT 06702, Attention Domenica Perrino**, not later than the deadline. Late submissions will not be accepted. Faxed or e-mailed proposals will not be accepted.

DDS is authorized in accordance with Section 17a-210 of the Connecticut General Statutes. The requested services will be awarded through a competitive procurement process and funded by State dollars.

4. **Commodity Codes** – The services that the Department wishes to procure through this RFP are as follows:

- 1000: Healthcare Services

The commodity codes are used when posting the RFP on the State Contracting Portal.

B. ABBREVIATIONS / ACRONYMS / DEFINITIONS

BFO	Best and Final Offer
C.G.S.	Connecticut General Statutes
CHRO	Commission on Human Rights and Opportunity (CT)
CTH	Community Training Home
CT-V	Community Training-Vendor
CT	Connecticut
DAS	Department of Administrative Services (CT)
DDS	Department of Developmental Services
EEO	Equal Employment Opportunities
FOIA	Freedom of Information Act (CT)
HIPAA	Health Insurance Portability and Accountability Act
LOI	Letter of Intent
NDF	Non-Disclosure Form (see Attachment C)
OPM	Office of Policy and Management (CT)
OSC	Office of the State Comptroller (CT)
POS	Purchase of Service
P.A.	Public Act (CT)
RFP	Request For Proposal
SEEC	State Elections Enforcement Commission (CT)
U.S.	United States

- **Administrator:** The person responsible for overall management, operation and provision of services within the Connecticut licensed community living arrangement.
- **Community Training Home:** (CTH) are licensed by the Department of Developmental Services (DDS) to provide persons served by the Department with residential supports in a family setting. A CTH provides individuals assistance with the acquisition, retention, or improvement in skills related to activities of daily living, such as personal grooming and cleanliness, bed making and household chores, eating and the preparation of food, and the social and adaptive skills necessary to enable the individual to reside in a non-institutional setting.
- **Community Training-Vendor (CT-V) Supports:** Contractor requirements in providing support to Community Training Homes (see Exhibit A, Residential Purchase of Service Contract-Section d. CTH Support Services Interpretive Guidelines).
- **CTH Licensure:** A review based on the CTH regulations that evaluate developmental and clinical services provided to individuals living in licensed "Community Training Homes". Review also identifies environmental issues that could affect health and safety and gauge compliance with DDS policy.
- **Contractor:** A private provider organization, CT State agency, or municipality that enters into a POS contract with the Department as a result of this RFP.
- **Health Insurance Portability and Accountability Act:** Administrative, technical, and physical safeguards required to prevent unauthorized access to protected health care information.
- **Non-Disclosure Form (NDF):** Provider agreement that any protected health information/individually identifiable health information and any other DDS client information which is obtained during participation in the RFP process shall be maintained confidential. Provider agreement to return any of the aforementioned information to DDS if the provider agency is not selected at the conclusion of the RFP process.
- **Official Agency Contact:** The only authorized contact for this procurement and, as such, who will handle all related communications on behalf of the Department.
- **Proposer:** A private provider organization, CT State agency, or municipality that has submitted a proposal to the Department in response to this RFP.
- **Proposer's Authorized Representatives:** The authorized employees of the contractor to communicate and discuss the merits of the proposal with the Department.
- **Prospective proposer:** A private provider organization, CT State agency, or municipality that may submit a proposal to the Department in response to this RFP, but has not yet done so.
- **Qualified Provider:** A private agency that has submitted a complete application packet and been approved by DDS to have met the minimum standards for providing supports to individuals with intellectual disabilities.
- **Subcontractor :** An individual (other than an employee of the contractor) or business entity hired by a contractor to provide a specific health or human service as part of a POS contract with the Department as a result of this RFP.

C. INSTRUCTIONS

1. **Official Agency Contact.** The Department has designated the individual below as the Official Contact for purposes of this RFP. The Official Contact is the **only authorized contact** for this procurement and, as such, handles all related communications on behalf of the Department. Proposers, prospective proposers, and other interested parties are advised that any communication with any other Department employee(s) (including appointed officials) or personnel under contract to the Department about this RFP is strictly prohibited. Proposers or prospective proposers who violate this instruction may risk disqualification from further consideration. Please ensure that e-mail screening software (if used) recognizes and accepts e-mails from the Official.

The Official Agency Contact for the purpose of this RFP is:

Domenica Perrino
Department of Developmental Services
Rowland Government Center
55 West Main Street, 3rd Floor
Waterbury, CT 06702
TELEPHONE: (203) 805-7418
FAX: (860) 622-4952
E-MAIL: Domenica.perrino@ct.gov

DDS reserves the right to appoint an alternate Official Agency Contact if necessary. A formal amendment will be issued to provide contact information for the alternate Official Agency Contact. Proposers will be required to limit their contact regarding the RFP to the person named therein. The amendment will be posted on the State Contracting Portal at www.das.state.ct.us/Purchase/Portal/Portal_Home.asp. Proposers may also access the "Business Opportunities (RFPs)" link on the State of Connecticut Department of Developmental Services web site at www.ct.gov/dds to view the amendment.

2. **Proposer's Authorized Representatives. (Form 1)** Proposers must designate an authorized representative and one (1) alternate. The form is available at www.ct.gov/dds under the "Business Opportunities (RFPs)" link. The form must be signed by the organization's Chief Executive Officer or another official with signatory authority and submitted as Attachment A. Providers must submit a Proposer's Authorized Representative Form along with the Letter of Intent to enable other staff to communicate with the Department during the open submission period. A new Proposer's Authorized Representative Form may be submitted with the proposal to reflect any changes the provider may wish to make.
3. **RFP Information.** This RFP, amendments to this RFP, and other information associated with this procurement is available in hard copy, upon request, from the Official Agency Contact or in electronic format from the Internet at the following locations:

- State Contracting Portal
http://www.das.state.ct.us/Purchase/Portal/Portal_Home.asp
- Department of Developmental Services
 Web Page: <http://www.ct.gov/dds>

It is strongly recommended that any proposer or prospective proposer interested in this procurement subscribe to receive e-mail alerts from the State Contracting Portal. Subscribers will receive a daily e-mail announcing procurements and addendums that are posted on the portal. This service is provided as a courtesy to assist in monitoring activities associated with State procurements, including this RFP.

Printed copies of all documents are also available from the Official Contact upon request.

4. **Contract Awards.** The award of any contract pursuant to this RFP is dependent upon the availability of funding to the Department. The Department anticipates the following:
 - Total Funding Available:
 - 1) NR #1: \$ 74,901.
 - 2) NR #2: \$ 78,606.
 - 3) WR #1: \$79,533.
 - 4) WR #2: \$76,966.
 - **TOTAL STATEWIDE:** \$ 310,006. Number of Awards: 4 (Four)
 - Contract Cost: Confidential
 - Contract Term: a maximum amount per year through June 30, 2013
5. **Eligibility.** Private provider organizations (defined as non-state entities that are either nonprofit or proprietary corporations or partnerships), CT State agencies, and municipalities are eligible to submit proposals in response to this RFP. Qualified CTH providers with a current DDS CTH contract and individuals who are not a duly formed business entity are ineligible to participate in this procurement. An agency that has been placed on Enhanced Monitoring may be disqualified in accordance with the Enhanced Monitoring Policy.
6. **Minimum Qualifications of Proposers.** To qualify for a contract award, a proposer must have the following minimum qualifications:
 - a. The organization or the executive management team must have at least three years of experience administering residential supports to individuals residing in community living arrangements, continuous residential support settings, or with a CTH model.
 - b. The administrator of the organization shall be knowledgeable of the nature, needs, development and management of programs for individuals with intellectual disabilities and must have at least one year of experience providing administrative supports to an organization that provides or provided residential supports to individuals residing in a community living arrangements, continuous support settings, or with a CTH model.
 - c. Must be an approved qualified provider by DDS.
 - d. Must not be a current CTH contractor with DDS.
7. **Timeline.** The following timeline, up to and including the deadline for submitting proposals, shall be changed only by an amendment to this RFP. Dates after the submittal deadline for proposals are target dates only.

October 3, 2011	RFP Released
October 11, 2011	<i>Letter of Intent must be submitted to Domenica Perrino on or before the deadline in order to attend the Proposers' Conference</i>
October 19, 2011	Proposers' Conference at East Hartford North Region office - Provider Sign-up for Geographic CTH Groupings Referral Packets. Instructions on how to access referral packets will be distributed. Attendance is recommended.
October 19 to November 2, 2011	Arrangements to schedule appointments for CTH visits are to be made through the Agency Contact.
November 3, 2011	Deadline for Inquiries made to Agency Contact.
November 10, 2011	Anticipated Release of Official Answers to Inquiries.
November 30, 2011	Proposals Due.
December 22, 2011	Optional Meetings with Proposers estimated to be made on or before this date.
January 4, 2012	Selection Recommendation of Contractors.
January 11, 2012	Anticipated Selection of Contractors.
February 2012	Training Day for CTH Providers.
March 1, 2012	Anticipated Start Date.

8. **Letter of Intent.** Any proposer intending to respond to this RFP must submit a Letter of Intent (LOI), a Non-Disclosure Form and a Proposer's Authorized Representative Form to the Official Agency Contact by U.S. mail, facsimile, or e-mail not later than October 11, 2011. The LOI must clearly identify the sender, including name, postal address, telephone number, fax number, and e-mail address. The Non-Disclosure Form (**Form 2**) will be posted on the State Contracting Portal at www.das.state.ct.us/Purchase/Portal/Portal_Home.asp. Proposers may also access the "Business Opportunities (RFPs)" link on the State of Connecticut DDS web site at www.ct.gov/dds to view the Non-Disclosure Form. The LOI is non-binding in that the proposer is not required to submit a proposal. It is the sender's responsibility to confirm the Department's receipt of the LOI. The purpose of the LOI is to enable the agency to send interested proposers to the Proposer's Conference and receive any new information concerning this RFP. Interested proposers that do not submit a LOI by October 11, 2011 will not be provided access to any consumer referral information. Failure to submit the required LOI and attend the proposer's conference in accordance with the requirements set forth herein will result in disqualification from further consideration. The Department will communicate only with the authorized official signing the Non-Disclosure Form on behalf of the organization or the Authorized Representatives.
9. **Proposers' Conference.** *There will be a proposer's conference on October 19, 2012. This conference will provide proposers with information about contract requirements, interpretive guidelines for providing CT-V supports to CTH licensees and consumers proposers will have the opportunity to sign up to receive referral packets for geographic groupings that they wish to submit a proposal for. During the proposer's conference proposers will receive instructions on how to access referral packets.*

All questions and/or inquiries made via email by November 3, 2011 will be compiled and issued as a written amendment to the RFP. If any answer to any question constitutes a material change to the RFP, the question and answer will be placed at the beginning of the amendment and duly noted as such. The written amendment will serve as the Department's official response to questions and/or inquiries made via email by November 3, 2011. A formal amendment to this RFP is anticipated to be issued not later than November 10, 2011 to provide answers to questions

and/or inquiries. **Information specific to the individuals supported in the CTH that is deemed to be HIPAA protected will not be included in the amendment.** The amendment will be posted on the State Contracting Portal at www.das.state.ct.us/Purchase/Portal/Portal_Home.asp. Proposers may also access the "Business Opportunities (RFPs)" link on the State of Connecticut DDS web site at www.ct.gov/dds to view the amendment. A notice of amendment will also be sent to interested proposers who attended the proposers' conference on October 19, 2011.

Prospective proposers may contact the Official Agency Contact via email to request how to access referral information on the individuals residing in the CTH groupings of interest.

10. Inquiry Procedures. All questions and/or inquiries regarding this RFP must be directed, in writing via email, to the Official Agency Contact by 12:00 P.M. on November 3, 2011. **The early submission of questions is encouraged.** Questions and/or inquiries will not be accepted or answered verbally –neither in person nor over the telephone. All questions and/or inquiries received before the deadline will be answered. However, the Department will not answer questions and/or inquiries when the source is unknown (i.e., nuisance or anonymous questions). Questions and/or inquiries deemed unrelated to the RFP or the procurement process will not be answered. At its discretion, the Department may or may not respond to questions and/or inquiries received after the deadline. The Department reserves the right to answer questions and/or inquiries only from those who have submitted such a Letter of Intent. The Department may combine similar questions and/or inquiries and give only one answer. All questions/inquiries and answers will be compiled into a written amendment to this RFP. If any answer to any question constitutes a material change to the RFP, the question and answer will be placed at the beginning of the amendment and duly noted as such. A formal amendment to this RFP is anticipated to be issued not later than November 10, 2011 to provide answers to questions. The amendment will be posted on the State Contracting Portal at www.das.state.ct.us/Purchase/Portal/Portal_Home.asp. Proposers may also access the "Business Opportunities (RFPs)" link on the State of Connecticut DDS web site at www.ct.gov/dds to view the amendment. A notice of amendment will also be sent to interested proposers who attended the proposers' conference on October 19, 2011.

11. Proposals Due. Proposal must be received no later than 4:00 p.m. on November 30, 2011. Proposals must be received in the required packaging and labeling not later than the deadline. Late submissions will not be accepted. When hand-delivering proposals by courier or in person, allow extra time due to parking and building security procedures. Faxed or e-mailed proposals will not be accepted. **Postmark date will not be considered the basis for meeting any submission deadline.** Proposals received after the due date and time may be accepted by the Department as a clerical function, but late proposals will not be evaluated. At the discretion of the Department, late proposals may be destroyed or retained for pick up by the submitters.

Proposals are to be submitted to:

Domenica Perrino
Department of Developmental Services
Rowland Government Center
55 West Main Street, 3rd Floor
Waterbury, CT 06702
Phone Number: 203-805-7418
Fax: (860) 622-4952
Email: Domenica.perrino@ct.gov

An acceptable submission must include the following:

- one (1) original proposal;
- six (6) conforming copies of the original proposal; and

The original proposal must carry original signatures and be clearly marked on the cover as “Original.” The cover should state the specific geographic grouping number or numbers of the proposals being submitted. Unsigned proposals will not be evaluated. The original proposal and each conforming copy of the proposal must be complete, properly formatted and outlined, and ready for evaluation by the Screening Committee.

12. **Multiple Submissions.** Proposers are encouraged to submit multiple submissions to ensure coverage for each geographic area. The RFP is intended to increase the number of providers. Successful proposers may be awarded one or more CTH groupings based on the evaluation of the proposal and/or the number of proposals the contractor is awarded.
13. **Declaration of Confidential Information.** Proposers are advised that all materials associated with this procurement are subject to the terms of the Freedom of Information Act (FOIA), the Privacy Act, and all rules, regulations and interpretations resulting from them. If a proposer deems that certain information required by this RFP is confidential, the proposer must label such information as CONFIDENTIAL. In Section C of the proposal submission, the proposer must reference where the information labeled CONFIDENTIAL is located in the proposal. *EXAMPLE: Section G.1.a.* For each subsection so referenced, the proposer must provide a convincing explanation and rationale sufficient to justify an exemption of the information from release under the FOIA. The explanation and rationale must be stated in terms of (a) the prospective harm to the competitive position of the proposer that would result if the identified information were to be released and (b) the reasons why the information is legally exempt from release pursuant to C.G.S. § 1-210(b).
14. **Conflict of Interest - Disclosure Statement (Form 5).** Proposers must include a disclosure statement concerning any current business relationships (within the last three (3) years) that pose a conflict of interest, as defined by C.G.S. § 1-85. A conflict of interest exists when a relationship exists between the proposer and a public official (including an elected official) or State employee that may interfere with fair competition or may be adverse to the interests of the State. The existence of a conflict of interest is not, in and of itself, evidence of wrongdoing. A conflict of interest may, however, become a legal matter if a proposer tries to influence, or succeeds in influencing, the outcome of an official decision for their personal or corporate benefit. The Department will determine whether any disclosed conflict of interest poses a substantial advantage to the proposer over the competition, decreases the overall competitiveness of this procurement, or is not in the best interests of the State. In the absence of any conflict of interest, a proposer must affirm such in the disclosure statement.

D. Proposal Format

1. **Required Outline.** All proposals must follow the required outline presented in Section IV – Proposal Outline. Proposals that fail to follow the required outline will be deemed non-responsive and not evaluated.
2. **Cover Sheet.** The proposer must develop a Cover Sheet that includes the information below. *Legal Name* is defined as the name of private provider organization, CT State agency, or municipality submitting the proposal. Proposer’s *authorized representative* is defined as the individual who can provide additional information about the proposal or who has immediate responsibility for the proposal. *Authorized Official* is defined as the individual empowered to

submit a binding offer on behalf of the proposer to provide services in accordance with the terms and provisions described in this RFP and any amendments or attachments hereto.

- RFP Name or Number:
 - Legal Name
 - FEIN
 - Street Address:
 - Town/City/State/Zip:
 - Authorized representatives:
 - Title:
 - Phone Number:
 - FAX Number:
 - E-Mail Address:
 - Authorized Official:
 - Title:
 - Signature:
3. **Table of Contents.** Proposers must include a Table of Contents that lists sections and subsections with page numbers that follow the organization outline and sequence for this proposal are required. (See Section IV.)
 4. **Executive Summary.** Proposals must include a high-level executive summary of the main proposal and budget summary, not exceeding 2 pages.
 5. **Attachments.** Attachments other than the required Appendices or Forms identified in Section IV are not permitted and will not be evaluated. Further, the required Appendices or Forms must not be altered or used to extend, enhance, or replace any component required by this RFP. Failure to abide by these instructions will result in disqualification.
 6. **General Requirements.**
 - All required forms must be submitted with the proposal as attachments.
 - Do not use material dependent on color distinctions, animated electronics, etc. in proposals.
 - Do not place proposals in notebooks or binders. Metal clips may be used to bind pages together.
 7. **Style Requirements.** Submitted proposals must conform to the following specifications:
 - Binding Type: None specified
 - Dividers: None
 - Paper Size: 8 ½ x 11, Portrait
 - Page Limit: None specified
 - Print Style: All pages **except** Financial Statement(s) must be numbered and double-sided.
 - Font Size: None specified
 - Font Type: Times New Roman
 - Margins: 1" minimum on the top, bottom, and sides of all pages
 - Line Spacing: None specified

8. **Pagination.** The proposer's name must be displayed in the header of each page. All pages, including the required Appendices and Forms, must be numbered in the footer. The RFP and all attachments must be paginated in sequential order from beginning to end, even if some attachments have their own pagination system. (e.g. the financial audit, annual reports, etc.)
9. **Packaging and Labeling Requirements.** All proposals must be submitted in sealed packages. All proposals must be addressed to the Official Agency Contact. The name and address of the proposer must appear in the upper left hand corner of the envelope or package. The title of the RFP, as indicated on the first page of this RFP, and the specific geographic grouping number or numbers of the proposals being submitted must appear in the lower left hand corner of the envelope or package. An original (clearly identified as such) and six (6) copies of the proposal must be submitted. The proposal must be duly executed by signing Cover Sheet and Agreements and Assurances form (**Form 3**). Unsigned proposals may be rejected. Proposals transmitted by facsimile or e-mail will not be accepted or reviewed. Any received proposal that does not conform to these packaging or labeling instructions will be opened as general mail. Such a proposal may be accepted by the Department as a clerical function, but it will not be evaluated. At the discretion of the Department, such a proposal may be destroyed or retained for pick up by the submitters.

E. EVALUATION OF PROPOSALS

1. **Evaluation Process.** It is the intent of the Department to conduct a comprehensive, fair, and impartial evaluation of proposals received in response to this RFP. When evaluating proposals, negotiating with successful proposers, and awarding contracts, the Department will conform to its written procedures for POS procurements (pursuant to C.G.S. § 4-217) and the State's Code of Ethics (pursuant to C.G.S. §§ 1-84 and 1-85). Only proposals found to be responsive (that is, complying with all instructions listed herein) to this RFP will be evaluated, rated, and scored. The Screening Committee will reject any proposal if the components required by this RFP are not submitted as directed.
2. **Screening Committee.** The Department will designate a Screening Committee to evaluate proposals submitted in response to this RFP. The Screening Committee will be composed of individuals, families, DDS staff or other designees as deemed appropriate. The contents of all submitted proposals, including any confidential information, will be shared with the Screening Committee. The Screening Committee shall evaluate all proposals that meet the Minimum Submission Requirements and make recommendations. The Commissioner of the DDS will make the final selection. Attempts by any proposer (or representative of any proposer) to contact or influence any member of the Screening Committee may result in disqualification of the proposer.
3. **Minimum Submission Requirements.** All proposals must comply with the requirements specified in this RFP. To be eligible for evaluation, proposals must (1) be received on or before the due date and time; (2) meet the Proposal Format and conform to the style, packaging and labeling requirements; (3) follow the required Proposal Outline; and (4) be complete. Proposals that fail to follow instructions or satisfy these minimum submission requirements will not be reviewed further. The Department will reject any proposal that deviates significantly from the requirements of this RFP.
4. **Quality Reviews.** Proposals that meet the minimum submission requirements will then be reviewed for quality. The quality review includes the demonstrated commitment to

individualized supports for people with disabilities, affirmative action, organizational profile, statement of work, personnel resources, and proposed cost.

5. **Review Criteria (and Weights).** The review criteria are the objective standards that the Screening Committee will use to evaluate the merits of the proposals submitted in response to this RFP. Only the criteria listed below will be used to evaluate proposals. Depending on the number of proposals, the Screening Committee may rank the proposals to limit the number of interviews. The top candidates, as determined by the scoring of the Selection Committee, will be interviewed. The criteria are weighted according to their relative importance.

- Organization: 14%
- Agency Performance: 14%
- Support Strategies: 14%
- Preferences & Relationships: 14%
- Proposed Time Frames: 10%
- Staffing Patterns: 20%
- Budget/ Cost Effectiveness: 14%

Note: As part of its evaluation of the Staffing Plan, the Screening Committee will consider the proposer's demonstrated commitment to affirmative action, as required by the Regulations of CT State Agencies §46A-68j-30(10).

- 6 **Meetings with Proposers.** The Screening Committee may convene meetings with proposers in order to gain a fuller understanding of their proposals. The meetings may involve demonstrations, interviews, presentations or review of sample clinical support plans. The Official Agency Contact may contact proposers to make an appointment. Any such meetings are tentatively scheduled for October 19, 2011 through November 2, 2011. During such meetings, proposals may not be supplemented, changed or corrected in any way. No comments about other proposers or proposals will be permitted. Any and all costs associated with such meetings will be entirely at the proposer's expense. The criteria listed below will be used to evaluate the proposal to determine the top-ranking proposers.

- Support Strategies: 20%
- Preferences & Relationships: 20%
- Staffing Patterns: 20%
- Budget/ Cost Effectiveness: 20%
- Proposed Time Frames: 20%

- 7 **Site Visits:** At the discretion of the Screening Committee, committee members may visit a facility of the proposers in order to gain a better understanding of the agency. All site visits will be scheduled through the Official Agency Contract. Neither the Principal of the Entity or any staff from the agency that may be involved in the interview process can be present during the visit. An appearance of the Principal of the Entity or any staff member of the representing the contractor at the may result in disqualification of the proposer. Proposers may visit the CTH licensee homes by scheduling a visit through the DDS official agency contact.

- 8 **Contractor Selection.** Upon completing its review of proposals, the Screening Committee will recommend the top ranking proposers to the Commissioner. The final selection of a successful proposer is at the discretion of the Commissioner. Any proposer selected will be so notified and awarded an opportunity to negotiate a contract with the Department. Such negotiations may,

but will not automatically, result in a contract. Pursuant to Governor M. Jodi Rell's Executive Order No. 3, any resulting contract will be posted on the State Contracting Portal. All unsuccessful proposers will be notified by e-mail or U.S. mail, at the Department's discretion, about the outcome of the evaluation and proposer selection process. It is DDS's intention to notify the successful proposer(s) by January 11, 2012, and to initiate this engagement as soon as possible thereafter.

- 9 Debriefing.** Within ten (10) days of receiving notification from the Department, unsuccessful proposers may contact the Official Contact and request information about the evaluation and proposer selection process. The e-mail sent date or the postmark date on the notification envelope will be considered "day one" of the ten (10) days. If unsuccessful proposers still have questions after receiving this information, they may contact the Official Contact and request a meeting with the Department to discuss the evaluation process and their proposals. If held, the debriefing meeting will not include any comparisons of unsuccessful proposals with other proposals. The Department will schedule and hold the debriefing meeting within fifteen (15) days of the request. The Department will not change, alter, or modify the outcome of the evaluation or selection process as a result of any debriefing meeting.
- 10 Appeal Process.** Proposers may appeal any aspect the Department's competitive procurement, including the evaluation and proposer selection process. Any such appeal must be submitted to the Department head. A proposer may file an appeal at any time after the proposal due date, but not later than thirty (30) days after an agency notifies unsuccessful proposers about the outcome of the evaluation and proposer selection process. The e-mail sent date or the postmark date on the notification envelope will be considered "day one" of the thirty (30) days. The filing of an appeal shall not be deemed sufficient reason for the Department to delay, suspend, cancel, or terminate the procurement process or execution of a contract. More detailed information about filing an appeal may be obtained from the Official Contact.
- 11 Contract Execution.** Any contract developed and executed as a result of this RFP is subject to the Department's contracting procedures, which may include approval by the Office of the Attorney General.

II. MANDATORY PROVISIONS

This section of the RFP provides information about the State's mandatory procurement and contracting requirements, including, the standard Purchase of Service contract, proposer assurances, the terms and conditions of this RFP, the rights reserved to the State, and compliance with statutes and regulations. The Department is solely responsible for rendering decisions in matters of interpretation of all mandatory provisions.

A. POS STANDARD CONTRACT, PARTS I AND II

By submitting a proposal in response to this RFP, the proposer implicitly agrees to comply with the provisions of Parts I and II of the State's "standard contract" for POS:

Part I of the standard contract is maintained by the Department and will include the scope of services, contract performance, quality assurance, reports, terms of payment, budget, and other program-specific provisions of any resulting POS contract. A sample of Part I is available from the Department's Official Contact upon request.

Part II of the standard contract is maintained by OPM and includes the mandatory terms and conditions of the POS contract. Part II is available on OPM's website at:

http://www.ct.gov/opm/fin/standard_contract

Note: Included in Part II of the standard contract is the State Elections Enforcement Commission's notice (pursuant to C.G.S. § 9-612(g)(2)) advising executive branch State contractors and prospective State contractors of the ban on campaign contributions and solicitations. If a proposer is awarded an opportunity to negotiate a contract with the Department and the resulting contract has an anticipated value in a calendar year of \$50,000 or more, or a combination or series of such agreements or contracts has an anticipated value of \$100,000 or more, the proposer must inform the proposer's principals of the contents of the SEEC notice.

Part I of the standard contract may be amended by means of a written instrument signed by the Department, the selected proposer (contractor), and, if required, the Attorney General's Office. Part II of the standard contract may be amended only in consultation with, and with the approval of, the Office of Policy and Management and the Attorney General's Office.

B. ASSURANCES

By submitting a proposal in response to this RFP, a proposer implicitly gives the following assurances:

1. **Collusion.** The proposer represents and warrants that the proposer did not participate in any part of the RFP development process and had no knowledge of the specific contents of the RFP prior to its issuance. The proposer further represents and warrants that no agent, representative, or employee of the State participated directly in the preparation of the proposer's proposal. The proposer also represents and warrants that the submitted proposal is in all respects fair and is made without collusion or fraud.
2. **State Officials and Employees.** The proposer certifies that no elected or appointed official or employee of the State has or will benefit financially or materially from any contract resulting from this RFP. The Department may terminate a resulting contract if it is determined that gratuities of any kind were either offered or received by any of the aforementioned officials or employees from the proposer, contractor, or its agents or employees.

3. **Competitors.** The proposer assures that the submitted proposal is not made in connection with any competing organization or competitor submitting a separate proposal in response to this RFP. No attempt has been made, or will be made, by the proposer to induce any other organization or competitor to submit, or not submit, a proposal for the purpose of restricting competition. The proposer further assures that the proposed costs have been arrived at independently, without consultation, communication, or agreement with any other organization or competitor for the purpose of restricting competition. Nor has the proposer knowingly disclosed the proposed costs on a prior basis, either directly or indirectly, to any other organization or competitor.
4. **Validity of Proposal.** The proposer certifies that the proposal represents a valid and binding offer to provide services in accordance with the terms and provisions described in this RFP and any amendments or attachments hereto. The proposal shall remain valid for a period of 180 days after the submission due date and may be extended beyond that time by mutual agreement. At its sole discretion, the Department may include the proposal, by reference or otherwise, into any contract with the successful proposer.
5. **Press Releases.** The proposer agrees to obtain prior written consent and approval of the Department for press releases that relate in any manner to this RFP or any resultant contract.

C. TERMS AND CONDITIONS

By submitting a proposal in response to this RFP, a proposer implicitly agrees to comply with the following terms and conditions:

1. **Equal Opportunity and Affirmative Action.** The State is an Equal Opportunity and Affirmative Action employer and does not discriminate in its hiring, employment, or business practices. The State is committed to complying with the Americans with Disabilities Act of 1990 (ADA) and does not discriminate on the basis of disability in admission to, access to, or operation of its programs, services, or activities.
2. **Preparation Expenses.** Neither the State nor the Department shall assume any liability for expenses incurred by a proposer in preparing, submitting, or clarifying any proposal submitted in response to this RFP.
3. **Exclusion of Taxes.** The Department is exempt from the payment of excise and sales taxes imposed by the federal government and the State. Proposers are liable for any other applicable taxes.
4. **Proposed Costs.** No cost submissions that are contingent upon a State action will be accepted. All proposed costs must be fixed through the entire term of the contract.
5. **Changes to Proposal.** No additions or changes to the original proposal will be allowed after submission. While changes are not permitted, the Department may request and authorize proposers to submit written clarification of their proposals, in a manner or format prescribed by the Department, and at the proposer's expense.
6. **Supplemental Information.** Supplemental information will not be considered after the deadline submission of proposals, unless specifically requested by the Department. The Department may ask a proposer to give demonstrations, interviews, oral presentations or further explanations to clarify information contained in a proposal. Any such demonstration, interview, or oral presentation will be at a time selected and in a place provided by the Department. At its sole discretion, the Department may limit the number of proposers invited to

make such a demonstration, interview, or oral presentation and may limit the number of attendees per proposer.

7. **Presentation of Supporting Evidence.** If requested by the Department, a proposer must be prepared to present evidence of experience, ability, data reporting capabilities, financial standing, or other information necessary to satisfactorily meet the requirements set forth or implied in this RFP. The Department may make onsite visits to an operational facility or facilities of a proposer to evaluate further the proposer's capability to perform the duties required by this RFP. At its discretion, the Department may also check or contact any reference provided by the proposer.
8. **RFP Is Not An Offer.** Neither this RFP nor any subsequent discussions shall give rise to any commitment on the part of the State or the Department or confer any rights on any proposer unless and until a contract is fully executed by the necessary parties. The contract document will represent the entire agreement between the proposer and the Department and will supersede all prior negotiations, representations or agreements, alleged or made, between the parties. The State shall assume no liability for costs incurred by the proposer or for payment of services under the terms of the contract until the successful proposer is notified that the contract has been accepted and approved by the Department and, if required, by the Attorney General's Office.

D. RIGHTS RESERVED TO THE STATE

By submitting a proposal in response to this RFP, a proposer implicitly accepts that the following rights are reserved to the State:

1. **Timing Sequence.** The timing and sequence of events associated with this RFP shall ultimately be determined by the Department.
2. **Amending or Canceling RFP.** The Department reserves the right to amend or cancel this RFP on any date and at any time, if the Department deems it to be necessary, appropriate, or otherwise in the best interests of the State. All amendments to this RFP will be posted on the State Contracting Portal found at www.das.state.ct.us/Purchase/Portal/Portal_Home.asp. Proposers may also access the "Business Opportunities (RFPs)" link on the State of Connecticut DDS's web site at www.ct.gov/dds to view the posted amendments. Failure to adapt a proposal in accordance with the instructions contained in the amendments may result in a proposal not being considered.
3. **No Acceptable Proposals.** In the event that no acceptable proposals are submitted in response to this RFP, the Department may reopen the procurement process, if it is determined to be in the best interests of the State.
4. **Award and Rejection of Proposals.** The Department reserves the right to award in part, to reject any and all proposals in whole or in part, for misrepresentation or if the proposal limits or modifies any of the terms, conditions, or specifications of this RFP. The Department may waive minor technical defects, irregularities, or omissions, if in its judgment the best interests of the State will be served. The Department reserves the right to reject the proposal of any proposer who submits a proposal after the submission date and time.
5. **Sole Property of the State.** All proposals submitted in response to this RFP are to be the sole property of the State. Any product, whether acceptable or unacceptable, developed under a contract awarded as a result of this RFP shall be the sole property of the State, unless stated otherwise in this RFP or subsequent contract. The right to publish, distribute, or disseminate any and all information or reports, or part thereof, shall accrue to the State without recourse.

6. **Contract Negotiation.** The Department reserves the right to negotiate or contract for all or any portion of the services contained in this RFP. The Department further reserves the right to contract with one or more proposer for such services. After reviewing the scored criteria, the Department may seek Best and Final Offers (BFO) on cost from proposers. The Department may set parameters on any BFOs received.
7. **Clerical Errors in Award.** The Department reserves the right to correct inaccurate awards resulting from its clerical errors. This may include, in extreme circumstances, revoking the awarding of a contract already made to a proposer and subsequently awarding the contract to another proposer. Such action on the part of the State shall not constitute a breach of contract on the part of the State since the contract with the initial proposer is deemed to be void *ab initio* and of no effect as if no contract ever existed between the State and the proposer.
8. **Key Personnel.** When the Department is the sole funder of a purchased service, the Department reserves the right to approve any additions, deletions, or changes in key personnel, with the exception of key personnel who have terminated employment. The Department also reserves the right to approve replacements for key personnel who have terminated employment. The Department further reserves the right to require the removal and replacement of any of the proposer's key personnel who do not perform adequately, regardless of whether they were previously approved by the Department.

E. STATUTORY AND REGULATORY COMPLIANCE

By submitting a proposal in response to this RFP, the proposer implicitly agrees to comply with all applicable State and federal laws and regulations, including, but not limited to, the following:

1. **Freedom of Information, C.G.S. § 1-210(b).** The Freedom of Information Act (FOIA) generally requires the disclosure of documents in the possession of the State upon request of any citizen, unless the content of the document falls within certain categories of exemption, as defined by C.G.S. § 1-210(b). Proposers are generally advised not to include in their proposals any confidential information. If the proposer indicates that certain documentation, as required by this RFP, is submitted in confidence, the State will endeavor to keep said information confidential to the extent permitted by law. The State has no obligation to initiate, prosecute, or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information pursuant to a FOIA request. The proposer has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. While a proposer may claim an exemption to the State's FOIA, the final administrative authority to release or exempt any or all material so identified rests with the State. In no event shall the State or any of its employees have any liability for disclosure of documents or information in the possession of the State and which the State or its employees believe(s) to be required pursuant to the FOIA or other requirements of law.
2. **Contract Compliance, C.G.S. § 4a-60 and Regulations of CT State Agencies § 46a-68j-21 thru 43, inclusive.** CT statute and regulations impose certain obligations on State agencies (as well as contractors and subcontractors doing business with the State) to insure that State agencies do not enter into contracts with organizations or businesses that discriminate against protected class persons.
3. **Consulting Agreements, C.G.S. § 4a-81. (Form 6)** Proposals for State contracts with a value of \$50,000 or more in a calendar or fiscal year, excluding leases and licensing agreements of any value, shall include a consulting agreement affidavit attesting to whether any consulting agreement has been entered into in connection with the proposal. As used herein "consulting agreement" means any written or oral agreement to retain the services, for a fee, of a

consultant for the purposes of (A) providing counsel to a contractor, vendor, consultant or other entity seeking to conduct, or conducting, business with the State, (B) contacting, whether in writing or orally, any executive, judicial, or administrative office of the State, including any department, institution, bureau, board, commission, authority, official or employee for the purpose of solicitation, dispute resolution, introduction, requests for information or (C) any other similar activity related to such contract. Consulting agreement does not include any agreements entered into with a consultant who is registered under the provisions of C.G.S. Chapter 10 as of the date such affidavit is submitted in accordance with the provisions of C.G.S. § 4a-81. The Consulting Agreement Affidavit (OPM Ethics Form 5) is available on OPM's website at http://www.ct.gov/opm/fin/ethics_forms.

IMPORTANT NOTE: A proposer must complete and submit OPM Ethics Form 5 to the Department with the proposal. (**Attachment L**)

4. **Gift and Campaign Contributions, C.G.S. §§ 4-250 and 4-252(c); Governor M. Jodi Rell's Executive Orders No. 1, Para. 8 and No. 7C, Para. 10; C.G.S. § 9-612(g)(2). (Form 7)** If a proposer is awarded an opportunity to negotiate a contract with an anticipated value of \$50,000 or more in a calendar or fiscal year, the proposer must fully disclose any gifts or lawful contributions made to campaigns of candidates for statewide public office or the General Assembly. Municipalities and CT State agencies are exempt from this requirement. The gift and campaign contributions certification (OPM Ethics Form 1) is available on OPM's website at http://www.ct.gov/opm/fin/ethics_forms

IMPORTANT NOTE: A proposer must complete and submit OPM Ethics Form 1 to the Department with the proposal. (**Attachment M**)

5. **Nondiscrimination Certification, C.G.S. §§ 4a-60(a)(1) and 4a-60a(a)(1).** If a proposer is awarded an opportunity to negotiate a contract, the proposer must provide the Department with *written representation* or *documentation* that certifies the proposer complies with the State's nondiscrimination agreements and warranties. A nondiscrimination certification is required for all State contracts – regardless of type, term, cost, or value. Municipalities and CT State agencies are exempt from this requirement. The nondiscrimination certification forms are available on OPM's website at http://www.ct.gov/opm/fin/nondiscrim_forms

IMPORTANT NOTE: The successful proposer must complete and submit the appropriate nondiscrimination certification form to the awarding Department prior to contract execution.

III. PROGRAM INFORMATION

A. DEPARTMENT OVERVIEW

The Department of Developmental Services' mission is to join with others to create the conditions under which all the people we serve experience:

- Presence and participation in Connecticut town life
- Opportunities to develop and exercise competence
- Opportunities to make choices in the pursuit of a personal future
- Good relationships with family members and friends
- Respect and dignity.

The department's services are also designed to reflect the principles and practices of Self Determination. Self-determination is a national movement about rights and personal freedom. It is an approach to service delivery that supports people with disabilities to live the lives they desire. Self-determination helps people, their families and friends determine their future, design their own support plans, choose the assistance they need to live full lives and control a personal budget for their supports. Individuals may use their individual budgets to hire their own staff, to purchase supports from a traditional agency or from an Agency with Choice, or may select a combination of these approaches.

DDS serves children and adults with both autism and intellectual disabilities in a variety of settings. These include:

Extensive in-home services

Out of home placement

- Community Training Home (CTH)
- Individualized Home Supports (IHS formerly known as Supported Living)
- Continuous Residential Supports (CRS)
- Community Living Arrangement (CLA or group home)
- ICF/MR facilities

Employment

- Competitive Employment
- Individual Supported Employment
- Group Supported Employment
- Work Crew
- Individual Enterprise or Entrepreneurship
- Business Enterprise

Day Support Options

- Community Experience (CEP)
- Opportunities for Older Adults(OOA)
- Retirement Options
- Individualized Day Supports
- Blended programs
- Sheltered workshop

III. PROGRAM INFORMATION

B. PROPOSAL OVERVIEW

1. DDS is seeking proposals from private non-profit and for-profit organizations to expand private provider supervision and administrative duties associated with the operation of 4 geographic groupings of 32 DDS consumers who are currently supported in 23 DDS licensed CTH family homes. The successful proposer will be responsible for providing support and guidance to individual consumers of the Department, maintaining the health and safety of the individuals residing in the CTH setting, acquiring and maintaining a CTH license, safeguarding the individual funds of the residents, and following the CTH policies and procedures of DDS.
2. Proposers are encouraged to submit multiple submissions to ensure coverage for each geographic area. The RFP is intended to increase the number of providers. Successful proposers may be awarded one or more CTH groupings based on the evaluation of the proposal.
3. Preference will be given to proposers that are willing and able to: 1) assume responsibility of the CTH(s) within the proposed timelines; and 2) provide the required supports for the identified CTH(s) in a cost effective manner as defined by the DDS LON-Based CTV rates and within the maximum financial amount.
4. Proposers will demonstrate they have (1) sufficient managerial and administrative support staff to implement the proposed service; (2) sufficient resources to operate the proposed CTH(s); (3) the capacity to supervise staff as required by the CTH contract in a community setting; (4) the ability to provide their staff with access to training.
5. Proposers must develop a work plan to address transitional and operational activities for the first year of the award. The plan should address administrative, clinical, transition planning and other organizational tasks necessary to ensure a successful transition of services to the provider. The plan should identify the tasks to be completed in the first 30, 60, 90, 120, 180 and 365 days of the first year of the award. The timeline for the work plan may be amended if mutually agreed upon between the successful proposer and the DDS. The following items should be included in the plan.
 - Formally communicate and meet with the individual, the individual's parents, CTH family home provider, guardian, and/or other representatives.
 - Recruit and hire staff as required by the DDS CTH contract.
 - Staff who will provide supports to the CTH groupings will meet the individuals and receive training regarding life safety, first aid, CPR, individualized approaches for behavioral support, program issues specific to the individual, and medication concerns as required by the DDS CTH contract.
 - Capacity to train CTH licensees on overall health and safety guidelines, as well as, person-specific medical training.
 - Develop and implement transition plan for all the individuals of the CTH(s) that details the activities that will occur prior to the change in the individual's life and specifies who will carry out each activity.
 - Specific services and consultants (i.e. behaviorist, nurse, general practitioner, pharmacist, psychologist, psychiatrist, etc) are identified for the individual and the necessary agreements and arrangements are in place.

- Emergency back-up plans for behavior response have been developed. Plans specify persons responsible, location of services, and interventions to be used describing the least to most intrusive intervention methods.
- DDS transfers the supervision and administrative duties associated with the CTH(s) to the proposer.
- Proposer will prepare reports and participate in the Individual Planning process for all the individuals living in the home within 30 days of the date of the individual's move.
- Organizational systems are in place to safeguard people's finances and benefits. The proposer will identify the individual and/or department that will ensure entitlements are received without interruption.
- Successful proposer will have emergency back-up for consumers and licensees within six months of award.

7. The successful proposer will be notified on or around January 11, 2013.

8. Supports and Services - Outcomes and Measures

The successful proposer shall implement the programs and services described herein to result in the following outcomes on behalf of the individuals they support. Such outcomes shall be measured in the manner described herein. The Department through the CTH licensing and quality service review process will monitor outcome results achieved pursuant to these terms and conditions. The successful proposer will be required to take immediate actions to address any identified deficiencies. If the successful proposer fails to address identified deficiencies in a timely manner or develops a pattern of receiving CTH licensee deficiencies the successful proposer may be placed on enhanced monitoring in accordance with the Enhanced Monitoring Policy.

Contracted Programs with Residential Services

Outcomes	Measures
1. Individual needs are addressed in the person's place of residence.	100% of the people living in a CTH have a current Individual Plan that is being implemented at his or her residence.
2. People live in environments that are maintained in a safe and sanitary manner.	100% of the people living in a CTH have a home that is maintained in safe and sanitary repair. Any structural damage or unsanitary conditions have been reported and are being addressed.
3. Peoples medical needs are addressed in a prompt and adequate manner.	100% of the people living in a CTH receive adequate medical treatment as indicated by the physician and dentist, including periodic checkups and prompt treatment of any acute illness, injury or symptoms or over medication.

9. Start-up costs will be given for those proposers who identified those costs in the proposal. Start-up costs will be based on actual payroll records. Startup will be up to \$30,000.00 per grouping. If two or more groupings are awarded to the same provider the startup will be negotiated.
10. With each grouping awarded agencies are expected to license a minimum of 8 new CTH's. If two of more groupings are awarded to the same provider the number of new licensed homes

- will be negotiated for a number of less than 8 per grouping. With each new licensed CTH a \$4,000 one-time cash payment will be issued.
11. The award will have a maximum amount per year for two years.

C. PROPOSAL COMPONENTS

CTH GROUPING: NR #1

ADDRESS North East Corner, CT

DDS REGION: North

HOME DESCRIPTIONS: Five (5) licensed CTH's in the towns of Brooklyn, Danielson, Moosup and Dayville. There are three (3) two (2) person homes and two (2) single person homes. There are three vacancies among these homes, two are for respite only. These are all single family homes and none are accessible. All residents are ambulatory.

SUMMARY: There are four (4) males and four (4) females in this grouping with varying levels of need.

Brooklyn CTH: One (1) Male and one (1) female, each in own room. One vacant shared bed in female room – respite only.

Danielson #1 CTH: Two (2) Males, each in own bedroom.

Danielson #2 CTH: One (1) Female in shared room and another licensed bed is vacant.

Moosup CTH: One (1) male in own room and one (1) additional vacant licensed bedroom.

Dayville CTH: Two (2) females each in single rooms and one (1) vacant licensed bedroom for respite opportunities.

The licensee provides and/or assures the individuals are provided with direct care services and have access to necessary medical, recreational and community supports or services.

SUPPORT REQUIREMENTS: These homes require standard CTH oversight and supports as outlined in the DDS CTH contract and CTH interpretative guidelines.

CLINICAL REQUIREMENTS: Clinical supports are required for minimal to moderate behavioral needs and for oversight of minimal to comprehensive health needs. This grouping requires direct nursing coordination services at a level corresponding to the individual's needs as assessed in the LON and specifically identified in the IP. For nursing this includes participation in the planning and support team process, direct contact with the individual, their care providers and the completion of quarterly Health\Nursing reviews. For three individuals RN attendance is required at quarterly psychiatric appointments or when additional consults are needed. One (1) individual has a behavioral program and two have team behavior monitoring plans requiring direct involvement from a behaviorist or other qualified professional. For others behavioral services are needed on a consulting basis as identified by the team.

OCCUPANCY REQUIREMENTS: Each home is owned by or leased by the CTH Licensee.

DATA and TECHNOLOGY REQUIREMENTS: E-Mail / Internet Capabilities may not be available in each home. The Private agency will have this ability.

FINANCIAL REQUIREMENTS: The maximum financial amount for this Grouping of CTH's is \$74,901.00.

C. PROPOSAL COMPONENTS

CTH GROUPING: NR #2

ADDRESS North East Corner, CT

DDS REGION: North

HOME DESCRIPTIONS: Five (5) Licensed CTH's in the towns of Danielson, Plainfield, Woodstock, Putnam, Thompson and Pomfret Center. There are three (3) two (2) person homes and two (2) single person homes. There are two (2) vacancies in this grouping, one (1) is a respite opportunity. These are all single family homes and one is fully accessible on the first floor. One individual is non-ambulatory. The other homes are not accessible.

SUMMARY: There are four (4) males and four (4) females in this grouping with varying levels of need.

Danielson CTH:	One (1) female.
Thompson CTH:	One (1) male, own bedroom. One (1) vacant licensed bedroom.
Plainfield CTH:	One (1) female in single bedroom.
Woodstock CTH:	Two (2) males, in separate bedrooms.
Putnam CTH:	Two (2) females in one bedroom suite.
Pomfret Center CTH:	One (1) male in own bedroom with One (1) vacant licensed bedroom.

The licensee provides and/or assures the individuals are provided with direct care services and have access to necessary medical, recreational and community supports or services.

SUPPORT REQUIREMENTS: These homes require standard CTH oversight and supports as outlined in the DDS CTH contract and CTH interpretative guidelines.

CLINICAL REQUIREMENTS: Clinical supports are required for minimal to moderate behavioral needs and for oversight of minimal to comprehensive health needs. This grouping requires direct nursing coordination services at a level corresponding to the individual's needs as assessed in the LON and specifically identified in the IP. For nursing this includes participation in the planning and support team process, direct contact with the individual, their care providers and the completion of quarterly Health\Nursing reviews. For two individuals RN attendance is required at quarterly psychiatric appointments or when additional consults are needed. Four (4) individuals have behavioral programs or guidelines requiring direct involvement from a behaviorist or other qualified professional. For others behavioral services are needed on a consulting basis as identified by the team.

OCCUPANCY REQUIREMENTS: Each home is owned by or leased by the CTH Licensee.

DATA and TECHNOLOGY REQUIREMENTS: E-Mail / Internet Capabilities may not be available in each home. The Private agency will have this ability.

FINANCIAL REQUIREMENTS: The maximum financial amount for this Grouping of CTH's is \$78,606.00.

D. PROPOSAL COMPONENTS

CTH GROUPING: WR #1

ADDRESS Cheshire, Waterbury and Oakville, CT

DDS REGION: West

HOME DESCRIPTIONS: Six Licensed CTH's in the towns of Oakville, Cheshire and Waterbury. There is one (1) two (2) person home; there are six (6) one (1) person homes. One of the two bed homes has a possibility of a third person for vacancy; two of the one person homes have capacity for more consumers. One home is a Townhouse condominium home and the rest are all single family homes and none of the homes are fully accessible.

SUMMARY: There are five males and five females in this grouping with varying levels of need.

Cheshire 1: CTH:	One (1) male and one (1) female each have their own bedroom.
Waterbury 1: CTH:	One (1) female has her own bedroom.
Waterbury 2: CTH:	One (1) female, has her own bedroom.
Waterbury 3: CTH	One (1) male, has his own bedroom.
Waterbury 4: CTH	One (1) male, has his own bedroom.
Waterbury 5: CTH	One (1) female has her own room.
Oakville: CTH	One (1) female has own room.

The licensee provides and/or assures the individuals are provided with direct care services and have access to necessary medical, recreational and community supports or services.

SUPPORT REQUIREMENTS: These homes require standard CTH oversight and supports as outlined in the DDS CTH contract and CTH interpretative guidelines.

CLINICAL REQUIREMENTS: Clinical supports are required for minimal to low moderate behavioral needs and for oversight of medical issues. This grouping requires direct nursing coordination services at a level corresponding to the individual's needs as assessed in the LON and specifically identified in the IP. For nursing this includes participation in the planning and support team process, direct contact with the individual, their care providers and the completion of quarterly Health\Nursing reviews. Three individuals have behavioral programs or guidelines requiring direct involvement from a behaviorist or other qualified professional. For others, behavioral services are needed on a consulting basis as identified by the team.

OCCUPANCY REQUIREMENTS: One apartment is rented, while the others are either owned by or leased by the CTH Licensee.

DATA and TECHNOLOGY REQUIREMENTS: E-Mail / Internet Capabilities may not be available in each home. The Private agency will have this ability.

FINANCIAL REQUIREMENTS: The maximum financial amount for this Grouping of CTH's is \$79,533.

C. PROPOSAL COMPONENTS

CTH GROUPING: WR #2

ADDRESS Stratford-Bridgeport, CT

DDS REGION: West

HOME DESCRIPTIONS: Five Licensed CTH's in the towns of Stratford and Bridgeport. There is three (3) two (2) person homes; two (2) one (1) person homes. One of the single bed homes has a possibility of a second person for vacancy; the others are at current licensed capacity. One home is a multi-level home and the rest are all single family homes and one home is partially accessible.

SUMMARY: There are four males and four females in this grouping with varying levels of need.

Bridgeport 1: CTH: Two (2) males each have their own bedroom.

Bridgeport 2: CTH: One (1) male, has own bedroom.

Trumbull 1: CTH: Two (2) females both share a room.

Stratford 1: CTH Two (2) females, separate bedrooms.

Stratford 2: CTH One (1) male in his own bedroom-possible vacancy for one more consumer.

The licensee provides and/or assures the individuals are provided with direct care services and have access to necessary medical, recreational and community supports or services.

SUPPORT REQUIREMENTS: These homes require standard CTH oversight and supports as outlined in the DDS CTH contract and CTH interpretative guidelines.

CLINICAL REQUIREMENTS: Clinical supports are required for minimal to low moderate behavioral needs and for oversight of medical issues. This grouping requires direct nursing coordination services at a level corresponding to the individual's needs as assessed in the LON and specifically identified in the IP. For nursing this includes participation in the planning and support team process, direct contact with the individual, their care providers and the completion of quarterly Health/Nursing reviews. Five individuals have behavioral programs or guidelines requiring direct involvement from a behaviorist or other qualified professional. For others, behavioral services are needed on a consulting basis as identified by the team.

OCCUPANCY REQUIREMENTS: One apartment is rented, while the others are either owned by or leased by the CTH Licensee.

DATA and TECHNOLOGY REQUIREMENTS: E-Mail / Internet Capabilities may not be available in each home. The Private agency will have this ability.

FINANCIAL REQUIREMENTS: The maximum financial amount for this Grouping of CTH's is \$76,966

IV. PROPOSAL OUTLINE

*This section presents the **required** outline that must be followed when submitting a proposal in response to this RFP. Proposals must include a Table of Contents that exactly conforms to the required proposal outline (below). Proposals must include all the components listed below, in the order specified, using the prescribed lettering and numbering scheme. Incomplete proposals will not be evaluated.*

	Page
A. Cover Sheet	1
<p>The Cover Sheet should have the following components:</p> <ul style="list-style-type: none"> • RFP Name or Number: • Legal Name: • FEIN: • Street Address: • Town/City/State/Zip: • Authorized representatives: • Title: • Phone Number: • FAX Number: • E-Mail Address: • Authorized Official: • Title: • Signature: 	
B. Table of Contents	2
C. Declaration of Confidential Information	3
<p>If a proposer deems that certain information required by this RFP is confidential, the Proposer must label such information as CONFIDENTIAL. If applicable, the proposer must reference where the information labeled CONFIDENTIAL is located in the proposal. (EXAMPLE: Section G.1.a.)</p> <p><i>If this is not applicable, insert N/A for the page number.</i></p>	
D. Conflict of Interest - Disclosure Statement (Form 5)	4
<p>All proposers must complete the Conflict of Interest Disclosure Form. An acceptable form must clearly highlight whether the entity does or does not have any current business relationships.</p>	
E. Executive Summary	5
F. Main Proposal	
Organizational Profile	
<p>1. <i>Qualifications.</i> Provide an overview of your organization including years in operation, mission statement, and the current range of services the organization provides. Describe how your organization meets the required contractor qualifications of this RFP: (1) experience and demonstrated success working with the target population; (2) Board of Directors composition and role in management and oversight; (3) sufficient managerial and administrative support to implement the CTH services required by this RFP in the proposed service area including the ability to meet data submission</p>	

requirements; (4) sufficient resources to PROVIDE CONTRACT REQUIRED SUPPORTS TO the proposed CTH GROUPINGS; (5) the ability to supervise staff in COMMUNITY CTH settings; (6) the capacity to provide staff with professional development or training opportunities; and (7) a continuous improvement process to ensure quality services.

2. *Summary of Relevant Experience.* Provide a list of projects that your organization has completed within the last three (3) years in the subject area with emphasis on activities relevant and related to the proposed project.
3. *Organization Chart.* Provide a diagram showing the hierarchical structure of functions and positions within your organization (**Attachment D**). Indicate on the diagram where the following functions related to this project will be located: supervision of the CTH Manager, contract management, staff development, program development, continuous quality improvement and administrative support.
4. *Executive Management Personnel.* Provide the names and job titles of the administrator of the organization and the Executive Management Team. Provide a copy of each individual's resume. (**Attachment E**).
5. *Proposer Performance Reviews.* Provide documentation to demonstrate that the proposer has provided quality programs and services to individuals with intellectual disabilities over the past few years. (**Attachment F**) Include four consumer satisfaction surveys, if available, the two most recent Quality Service Reviews performed by DDS or a similar review completed by another state agency, the most recent CARF Accreditation (if applicable), and the four most recent CT Licensing inspection reports or similar out of state reports. **Any such documentation should be redacted of HIPAA protected information for individuals not associated with the facility or program for which the agency proposal is submitted.**
6. *Service Area.* Provide a rationale explaining why your organization is well suited to provide services in the proposed area.
7. *Financial Condition.* Include the most recent annual financial statements prepared by an independent Certified Public Accountant, and reviewed or audited in accordance with Generally Accepted Accounting Principles (USA) (**Attachment G**). If a proposer has been in business for less than two years, such proposer must include any financial statements prepared by a Certified Public Accountant, and reviewed or audited in accordance with Generally Accepted Accounting Principles (US) for the entire existence of such firm or corporation.
8. *References:* Include three (3) letters of reference from individuals and/or family members the agency has recently provided supports and services (**Attachment H**). For the purpose of this RFP, "individual" is defined as an individual with intellectual disabilities who has been supported by or otherwise benefited from the proposer's services. Provide the following information for each reference: name, title, address, and telephone number where the person can be reached during daytime hours.

G. Scope of Services

- a. *Proposed Services.* Provide a description of the proposed services to be provided. At a minimum, the description should identify the proposed CTH support, any identified individual specific needs to be provided, staffing, administrative oversight, clinical behavioral supports, nursing oversight, use of community resources and examples of recreational and leisure activities the proposer will provide.
- b. *Support Strategies.* Describe how the proposed program will meet the health and safety, behavioral, psychiatric, educational, habilitative, and the overall quality of life needs of the people to be served. Detail any specialized services and supports for one or more of the

people to be served, which may include medical and nursing services, adaptive equipment, recreation, fitness and social needs, unique staff skills, language and cultural needs, etc. Describe how the organization will incorporate the utilization of community services and the development of individual networks of support, including family and friends, community organizations, self advocacy opportunities, and social networks that might reduce the reliance on segregated services.

- c. *Personal Preferences and Relationships.* Describe and provide specific examples of how the organization will address the personal preferences and relationships of the people to be served. Detail how the organization will recognize and value the person-centered planning process and the ability of the individual to determine the focus of services. Describe how the individual will be empowered to determine the activities of his/her leisure time, routines, schedules, location, work, hobbies, service providers, etc. Detail how the organization will assist individuals and their families and friends to maintain important relationships. This might include providing transportation for family visits, inviting family and friends into the normal routine of the CTH, strengthening involvement in planning activities, etc. If there are no existing relationships, describe the strategies the organization will implement to develop or re-establish family contacts and friendships.

H. Staffing Plan

1. *Staff Plan.* Submit a staffing plan that discusses how and when your organization will hire staff and orient them to your organization, the program, the community, and their roles and responsibilities.
2. *Recruitment and Retention:* Describe the direct care turnover rate, staff recruitment and retention strategies for the agency.
3. *Organization Chart for the CTH PROGRAM:* Provide an organization chart showing anticipated lines of authority (reporting relationships) of the CTH program staff (**Attachment J**).
4. *Key Personnel.* Provide the name and job title of the individual within your organization who will supervise the CTH Manager. Provide a copy of this individual's resume, as well as the Program Manager's and Clinical Supervisor's (**Attachment K**). On the organization chart required in Section 3, indicate this individual's location within your organization.

I. Data and Technology

Provide a description of the agency's computer hardware and E-Mail / Internet Capability. Describe any technology used to enhance staff effectiveness or improve the efficiency of your organization.

J. Subcontractors

If the proposer plans to use subcontractors, provide a list with the following information:

- Legal Name of Agency or Individual Practitioner , Address, FEIN
- Contact Person, Title, Phone, Fax, E-mail
- Services Currently Provided
- Services To Be Provided Under Subcontract

K. Work Plan.

Community Training Home (CTH)

Community Training Home: DDS has licensing requirements for operating a CTH. These requirements include but are not limited to: (1) habilitative services; (2) environmental requirements; (3) Emergency Planning (4) staff development and training; (5) health and safety; (6) managing individual funds; etc.

- a. Include a statement that your organization “has read and understands DDS's licensing requirements for these services and agrees to implement these services in accordance with DDS's policies and procedures.”
- b. *Work Plan.* Develop a work plan **from the date of award through the first year of operating the CTH(s)**, describing **what steps** (activities, actions, tasks) your organization will take to implement DDS's requirements for these services within the proposed service area as itemized in item 5 of the Proposal Overview.
- c. *Methods.* Describe **how** your organization will accomplish each step of the work plan, providing a detailed explanation of the procedures or processes that will be used to attain the expected outcomes.
- d. *Timetable.* Include a proposed timetable indicating **when** each step of your organization's proposed work plan will be accomplished. Identify any significant milestones or deadlines.

NOTE: The work plan, methods, and timetable must be submitted in the format below. The step, method, and timetable shown here are for illustrative purposes only.

Step: Ability to help CTH Licensees Obtain/Maintain CTH License

Method:

- (1) Maintain licensing requirements
- (2) Prepare and submit necessary DDS documentation
- (3) Identify strengths and weakness of the home and address
- (4) Rectify deficiencies
- (5) Complete licensing packet

L. Cost Proposal

1. Financial Profile

Financial Condition: Provide a description of the financial condition of the company. This should include a history of the proposer's experience in managing and operating within budget and managing consumer's individual finances. Describe what credit lines with the associated financial institution, are available to the proposer to meet its financial needs.

2. Budget and Budget Narrative

- a. Include a separate budget on the attached Budget Summary Sheet or at DDS website at www.ct.gov/dds under the “Business Opportunities (RFPs)” link the Budget Summary Form **(Form 8)**.
- b. Include a budget narrative to detail operating and administrative expenses. The budget narrative should include the wage rate structure for direct support staff and supervisors including the starting wage. The budget narrative should provide the background descriptive information for each of the budget lines in the Budget Summary Form.

Note 1: All proposed costs are subject to the standards developed by the State's Office of Policy and Management for the purchase of service (POS). The cost standards must be incorporated into the provisions of all new State awards effective on or after January 1, 2007. Be advised that your organization's cost proposal is subject to revision prior to award in order to ensure compliance with the cost standards. For more information, go to www.ct.gov/opm, click on "Publications," then click on "Purchase of Service (POS) Cost Standards."

M. Appendices

Appendices should clearly identify the attachment label and each page numbered sequentially as part of the total RFP.

Attachment A - Proposer's Authorized Representatives (**Form 1**)

Attachment B - Agency Agreement and Assurance Form (**Form 3**)

Attachment C - Notification To Bidders, Parts I – V (CHRO) (**Form 4**)

Attachment D - Organization Chart (**no form provided**)

Attachment E - Executive Management Resumes. Provide a copy of the resume for the administrator of the organization and the Executive Management Team (**no form provided**).

Attachment F - Proposer Performance Reviews (**no form provided**)

Attachment G - The most recent annual financial statements prepared by an independent Certified Public Accountant, and reviewed or audited in accordance with Generally Accepted Accounting Principles (USA). If a proposer has been in business for less than two years, such proposer must include any financial statements prepared by a Certified Public Accountant, and reviewed or audited in accordance with Generally Accepted Accounting Principles (US) for the entire existence of such firm or corporation. (**no form provided**)

Attachment H - Letters of Reference (3 total) (**no form provided**)

Attachment I - Staffing Schedule

Attachment J - CTH Organization Chart (**no form provided**)

Attachment K - Key CTH Personnel Resumes (**no form provided**)

Attachment L - Consulting Agreement Affidavit (OPM Ethics Form 5) (**Form 6**)

Attachment M - Gift and Campaign Contributions Certification (Form 1) (**Form 7**)

V. Forms

The purpose of this subsection is to provide blank copies of any Department forms that must be submitted with a proposal.

Form 1 - Proposer's Authorized Representatives

Form 2 - Non Disclosure Form

Form 3 – Agency Agreement and Assurances Form

Form 4 – Notification To Bidders, Parts I – V (CHRO)

Form 5 – Conflict of Interest Form

Form 6 – Consulting Agreement Affidavit (OPM Ethics Form 5)

Form 7 – Gift and Campaign Contributions Certification (OPM Ethics Form1)

Form 8 – Budget Summary Form

FORM 1

PROPOSER INFORMATION
STATE OF CONNECTICUT
Department of Developmental Services

Applicant Agency: _____
 Legal Name

Authorized Representatives: Applicants must designate an authorized representative and one (1) alternate. The form must be signed by the organization's Chief Executive Officer or another official with signatory authority.

Authorized Representative:

		() -
Name	Title	Telephone Number
Street	Town	Zip Code
E-mail Address		Facsimile Number
Normal Working Hours		

Alternate:

		() -
Name	Title	Telephone Number
Street	Town	Zip Code
E-mail Address		Facsimile Number
Normal Working Hours		

I, the undersigned, for and on behalf of the named applicant agency, do herewith apply for this funding and attest that to the best of my knowledge the statements made herein are true.

 Signature of Authorizing Official

 Typed Name and Title

 Date

FORM 2



Dannel P. Malloy
Governor

**State of Connecticut
Department of Developmental Services**



Terrence W. Macy, Ph.D
Commissioner

**Non-Disclosure Form
HIPAA and Privacy Rights
Acknowledgement and Agreement**

The undersigned in submitting a Letter of Intent for _____ to
(Name of Proposer) participate in a
Request for Proposal process hereby acknowledges the applicability of HIPAA

and state law protections of DDS client information and agrees that any protected health
information, individually identifiable health information, and/or any other DDS client
information which is obtained during Participation in the RFP process shall be maintained
confidential.

Further, the undersigned acknowledges and agrees to return any of the aforementioned
information to DDS if the provider agency is not selected at the conclusion of the RFP
process.

Executive Director/Authorized Agent

Date: _____

FORM 3

**Department of Developmental Services (DDS)
2011 CTH Expansion RFP
AGREEMENTS AND ASSURANCES**

The undersigned proposer affirms and declares that:

1. General

- a. This proposal is executed and signed with full knowledge and acceptance of the RFP CONDITIONS stated in the RFP.
- b. The proposer will deliver services to DDS at the cost proposed in the RFP and within the time frames therein.
- c. Neither the proposer or any official of the organization nor any subcontractor to the proposer or any official of the subcontractor's organization has received any notices of debarment or suspension from contracting with the State of Connecticut or the Federal Government.
- d. Neither the proposer or any official of the organization nor any subcontractor to the proposer or any official of the subcontractor's organization has received any notices of debarment or suspension from contracting with other states within the United States.

2. DDS Policies and Procedures

- a. The proposer has read and understands the DDS Policies and Procedures Manual and will adhere to all DDS policies and procedures.
- b. The proposer will participate in the Individual Planning Process and attend regular meetings.
- c. The proposer will seek prior approval from DDS before making any changes to the level of services.
- d. The proposer will seek prior approval from DDS before making any changes to the location of services.
- e. The proposer will follow the Continuous Quality Improvement policies and procedures.

Legal Name of Organization

Authorized Signatory Date

FORM 4

**COMMISSION ON HUMAN RIGHTS AND OPPORTUNITIES
CONTRACT COMPLIANCE REGULATIONS
NOTIFICATION TO BIDDERS**

(Revised 09/17/07)

The contract to be awarded is subject to contract compliance requirements mandated by Sections 4a-60 and 4a-60a of the Connecticut General Statutes; and, when the awarding agency is the State, Sections 46a-71(d) and 46a-81i(d) of the Connecticut General Statutes. There are Contract Compliance Regulations codified at Section 46a-68j-21 through 43 of the Regulations of Connecticut State Agencies, which establish a procedure for awarding all contracts covered by Sections 4a-60 and 46a-71(d) of the Connecticut General Statutes.

According to Section 46a-68j-30(9) of the Contract Compliance Regulations, every agency awarding a contract subject to the contract compliance requirements has an obligation to “aggressively solicit the participation of legitimate minority business enterprises as bidders, contractors, subcontractors and suppliers of materials.” “Minority business enterprise” is defined in Section 4a-60 of the Connecticut General Statutes as a business wherein fifty-one percent or more of the capital stock, or assets belong to a person or persons: “(1) Who are active in daily affairs of the enterprise; (2) who have the power to direct the management and policies of the enterprise; and (3) who are members of a minority, as such term is defined in subsection (a) of Section 32-9n.” “Minority” groups are defined in Section 32-9n of the Connecticut General Statutes as “(1) Black Americans . . . (2) Hispanic Americans . . . (3) persons who have origins in the Iberian Peninsula . . . (4) Women . . . (5) Asian Pacific Americans and Pacific Islanders; (6) American Indians . . .” An individual with a disability is also a minority business enterprise as provided by Section 4a-60g of the Connecticut General Statutes. The above definitions apply to the contract compliance requirements by virtue of Section 46a-68j-21(11) of the Contract Compliance Regulations.

The awarding agency will consider the following factors when reviewing the bidder’s qualifications under the contract compliance requirements:

- (a) the bidder’s success in implementing an affirmative action plan;
- (b) the bidder’s success in developing an apprenticeship program complying with Sections 46a-68-1 to 46a-68-17 of the Administrative Regulations of Connecticut State Agencies, inclusive;
- (c) the bidder’s promise to develop and implement a successful affirmative action plan;
- (d) the bidder’s submission of employment statistics contained in the “Employment Information Form”, indicating that the composition of its workforce is at or near parity when compared to the racial and sexual composition of the workforce in the relevant labor market area; and
- (e) the bidder’s promise to set aside a portion of the contract for legitimate minority business enterprises. See Section 46a-68j-30(10)(E) of the Contract Compliance Regulations.

INSTRUCTIONS AND OTHER INFORMATION

The following BIDDER CONTRACT COMPLIANCE MONITORING REPORT must be completed in full, signed, and submitted with the bid for this contract. The contract awarding agency and the Commission on Human Rights and Opportunities will use the information contained thereon to determine the bidders compliance to Sections 4a-60 and 4a-60a CONN. GEN. STAT., and Sections 46a-68j-23 of the Regulations of Connecticut State Agencies regarding equal employment opportunity, and the bidder’s __good faith efforts to include minority business enterprises as subcontractors and suppliers for the work of the contract.

1) Definition of Small Contractor

Section 4a-60g CONN. GEN. STAT. defines a small contractor as a company that has been doing business under the same management and control and has maintained its principal place of business in Connecticut for a one year period immediately prior to its application for certification under this section, had gross revenues not exceeding ten million dollars in the most recently completed fiscal year, and at least fifty-one percent of the ownership of which is held by a person or persons who are active in the daily affairs of the company, and have the power to direct the management and policies of the company, except that a nonprofit corporation shall be construed to be a small contractor if such nonprofit corporation meets the requirements of subparagraphs (A) and (B) of subdivision 4a-60g CONN. GEN. STAT.

2) Description of Job Categories (as used in Part IV Bidder Employment Information) (Page 2)

<p>MANAGEMENT: Managers plan, organize, direct, and control the major functions of an organization through subordinates who are at the managerial or supervisory level. They make policy decisions and set objectives for the company or departments. They are not usually directly involved in production or providing services. Examples include top executives, public relations managers, managers of operations specialties (such as financial, human resources, or purchasing managers), and construction and engineering managers.</p> <p>BUSINESS AND FINANCIAL OPERATIONS: These occupations include managers and professionals who work with the financial aspects of the business. These occupations include accountants and auditors, purchasing agents, management analysts, labor relations specialists, and budget, credit, and financial analysts.</p> <p>MARKETING AND SALES: Occupations related to the act or process of buying and selling products and/or services such as sales engineer, retail sales workers and sales representatives including wholesale.</p> <p>LEGAL OCCUPATIONS: In-House Counsel who is charged with providing legal advice and services in regards to legal issues that may arise during the course of standard business practices. This category also includes assistive legal occupations such as paralegals, legal assistants.</p> <p>COMPUTER SPECIALISTS: Professionals responsible for the computer operations within a company are grouped in this category. Examples of job titles in this category include computer programmers, software engineers, database administrators, computer scientists, systems analysts, and computer support specialists</p> <p>ARCHITECTURE AND ENGINEERING: Occupations related to architecture, surveying, engineering, and drafting are included in this category. Some of the job titles in this category include electrical and electronic engineers, surveyors, architects, drafters, mechanical engineers, materials engineers, mapping technicians, and civil engineers.</p> <p>OFFICE AND ADMINISTRATIVE SUPPORT: All clerical-type work is included in this category. These jobs involve the preparing, transcribing, and preserving of written communications and records; collecting accounts; gathering and distributing information; operating office machines and electronic data processing equipment; and distributing mail. Job titles listed in this category include telephone operators, bill and account collectors, customer service representatives, dispatchers, secretaries and administrative assistants, computer operators and clerks (such as payroll, shipping, stock, mail and file).</p>	<p>BUILDING AND GROUNDS CLEANING AND MAINTENANCE: This category includes occupations involving landscaping, housekeeping, and janitorial services. Job titles found in this category include supervisors of landscaping or housekeeping, janitors, maids, grounds maintenance workers, and pest control workers.</p> <p>CONSTRUCTION AND EXTRACTION: This category includes construction trades and related occupations. Job titles found in this category include boilermakers, masons (all types), carpenters, construction laborers, electricians, plumbers (and related trades), roofers, sheet metal workers, elevator installers, hazardous materials removal workers, paperhangers, and painters. Paving, surfacing, and tamping equipment operators; drywall and ceiling tile installers; and carpet, floor and tile installers and finishers are also included in this category. First line supervisors, foremen, and helpers in these trades are also grouped in this category..</p> <p>INSTALLATION, MAINTENANCE AND REPAIR: Occupations involving the installation, maintenance, and repair of equipment are included in this group. Examples of job titles found here are heating, ac, and refrigeration mechanics and installers; telecommunication line installers and repairers; heavy vehicle and mobile equipment service technicians and mechanics; small engine mechanics; security and fire alarm systems installers; electric/electronic repair, industrial, utility and transportation equipment; millwrights; riggers; and manufactured building and mobile home installers. First line supervisors, foremen, and helpers for these jobs are also included in the category.</p> <p>MATERIAL MOVING WORKERS: The job titles included in this group are Crane and tower operators; dredge, excavating, and lading machine operators; hoist and winch operators; industrial truck and tractor operators; cleaners of vehicles and equipment; laborers and freight, stock, and material movers, hand; machine feeders and offbearers; packers and packagers, hand; pumping station operators; refuse and recyclable material collectors; and miscellaneous material moving workers.</p> <p>PRODUCTION WORKERS: The job titles included in this category are chemical production machine setters, operators and tenders; crushing/grinding workers; cutting workers; inspectors, testers sorters, samplers, weighers; precious stone/metal workers; painting workers; cementing/gluing machine operators and tenders; etchers/engravers; molders, shapers and casters except for metal and plastic; and production workers.</p>
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FORM 4

3) Definition of Racial and Ethnic Terms (as used in Part IV Bidder Employment Information) (Page 3)

<p>White (not of Hispanic Origin)- All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.</p> <p>Black(not of Hispanic Origin)- All persons having origins in any of the Black racial groups of Africa.</p> <p>Hispanic- All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.</p>	<p>Asian or Pacific Islander- All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes China, India, Japan, Korea, the Philippine Islands, and Samoa.</p> <p>American Indian or Alaskan Native- All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.</p>
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BIDDER CONTRACT COMPLIANCE MONITORING REPORT

PART I - Bidder Information

<p>Company Name Street Address City & State Chief Executive</p>	<p>Bidder Federal Employer Identification Number _____ Or Social Security Number _____</p>
<p>Major Business Activity (brief description)</p>	<p>Bidder Identification (response optional/definitions on page 1) -Bidder is a small contractor. Yes___ No___ -Bidder is a minority business enterprise Yes___ No___ (If yes, check ownership category) Black___ Hispanic___ Asian American___ American Indian/Alaskan Native___ Iberian Peninsula___ Individual(s) with a Physical Disability___ Female___ - Bidder is certified as above by State of CT Yes___ No___</p>
<p>Bidder Parent Company (If any)</p>	
<p>Other Locations in Ct. (If any)</p>	

PART II - Bidder Nondiscrimination Policies and Procedures

<p>1. Does your company have a written Affirmative Action/Equal Employment Opportunity statement posted on company bulletin boards? Yes___ No___</p>	<p>7. Do all of your company contracts and purchase orders contain non-discrimination statements as required by Sections 4a-60 & 4a-60a Conn. Gen. Stat.? Yes___ No___</p>
<p>2. Does your company have the state-mandated sexual harassment prevention in the workplace policy posted on company bulletin boards? Yes___ No___</p>	<p>8. Do you, upon request, provide reasonable accommodation to employees, or applicants for employment, who have physical or mental disability? Yes___ No___</p>
<p>3. Do you notify all recruitment sources in writing of your company's Affirmative Action/Equal Employment Opportunity employment policy? Yes___ No___</p>	<p>9. Does your company have a mandatory retirement age for all employees? Yes___ No___</p>
<p>4. Do your company advertisements contain a written statement that you are an Affirmative Action/Equal Opportunity Employer? Yes___ No___</p>	<p>10. If your company has 50 or more employees, have you provided at least two (2) hours of sexual harassment training to all of your supervisors? Yes___ No___ NA___</p>
<p>5. Do you notify the Ct. State Employment Service of all employment openings with your company? Yes___ No___</p>	<p>11. If your company has apprenticeship programs, do they meet the Affirmative Action/Equal Employment Opportunity requirements of the apprenticeship standards of the Ct. Dept. of Labor? Yes___ No___ NA___</p>
<p>6. Does your company have a collective bargaining agreement with workers? Yes___ No___ 6a. If yes, do the collective bargaining agreements contain non-discrimination clauses covering all workers? Yes___ No___ 6b. Have you notified each union in writing of your commitments under the nondiscrimination requirements of contracts with the state of Ct? Yes___ No___</p>	<p>12. Does your company have a written affirmative action Plan? Yes___ No___ If no, please explain.</p> <p>13. Is there a person in your company who is responsible for equal employment opportunity? Yes___ No___ If yes, give name and phone number.</p>

FORM 4

Part III - Bidder Subcontracting Practices (Page 4)

1. Will the work of this contract include subcontractors or suppliers? Yes__ No__

1a. If yes, please list all subcontractors and suppliers and report if they are a small contractor and/or a minority business enterprise. (defined on page 1 / use additional sheet if necessary)

1b. Will the work of this contract require additional subcontractors or suppliers other than those identified in 1a. above?
Yes__ No__

PART IV - Bidder Employment Information

Date:

JOB CATEGORY*	OVERALL TOTALS	WHITE (not of Hispanic origin)		BLACK (not of Hispanic origin)		HISPANIC		ASIAN or PACIFIC ISLANDER		AMERICAN INDIAN or ALASKAN NATIVE	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Management											
Business & Financial Ops											
Marketing & Sales											
Legal Occupations											
Computer Specialists											
Architecture/Engineering											
Office & Admin Support Bldg/ Grounds											
Cleaning/Maintenance											
Construction & Extraction											
Installation Maintenance & Repair											
Material Moving Workers											
Production Occupations											
TOTALS ABOVE											
Total One Year Ago											
FORMAL ON THE JOB TRAINEES (ENTER FIGURES FOR THE SAME CATEGORIES AS ARE SHOWN ABOVE)											
Apprentices											
Trainees											

*NOTE: JOB CATEGORIES CAN BE CHANGED OR ADDED TO (EX. SALES CAN BE ADDED OR REPLACE CATEGORY NOT USED IN YOUR COMPANY)

FORM 4

PART V - Bidder Hiring and Recruitment Practices (Page 5)

1. Which of the following recruitment sources are used by you? (Check yes or no, and report percent used)				2. Check (X) any of the below listed requirements that you use as a hiring qualification (X)		3. Describe below any other practices or actions that you take which show that you hire, train, and promote employees without discrimination
SOURCE	YES	NO	% of applicants provided by source			
State Employment Service					Work Experience	
Private Employment Agencies					Ability to Speak or Write English	
Schools and Colleges					Written Tests	
Newspaper Advertisement					High School Diploma	
Walk Ins					College Degree	
Present Employees					Union Membership	
Labor Organizations					Personal Recommendation	
Minority/Community Organizations					Height or Weight	
Others (please identify)					Car Ownership	
					Arrest Record	
					Wage Garnishments	

Certification (Read this form and check your statements on it CAREFULLY before signing). I certify that the statements made by me on this BIDDER CONTRACT COMPLIANCE MONITORING REPORT are complete and true to the best of my knowledge and belief, and are made in good faith. I understand that if I knowingly make any misstatements of facts, I am subject to be declared in non-compliance with Section 4a-60, 4a-60a, and related sections of the CONN. GEN. STAT.

(Signature)	(Title)	(Date Signed)	(Telephone)

FORM 5

CONFLICT OF INTEREST

This form must be printed on your company letterhead.

(Name, Title)

(Organization)

(Address)

certifies that this business entity

does/does not (**circle one**)

have any current business relationships [within the past (3) years] that pose a conflict of interest as defined by Connecticut General Statutes Section 1-85.

Legal Signature

Date

If you circled "does" above, please explain:

Section 1-85. (Formerly Sec. 1-68). Interest in conflict with discharge of duties. A public official, including an elected state official, or state employee has an interest which is in substantial conflict with the proper discharge of his duties or employment in the public interest and of his responsibilities as prescribed in the laws of this state, if he has reason to believe or expect that he, his spouse, a dependent child, or a business with which he is associated will derive a direct monetary gain or suffer a direct monetary loss, as the case may be, by reason of his official activity. A public official, including an elected state official, or state employee does not have an interest which is in substantial conflict with the proper discharge of his duties in the public interest and of his responsibilities as prescribed by the laws of this state, if any benefit or detriment accrues to him, his spouse, a dependent child, or a business with which he, his spouse or such dependent child is associated as a member of a profession, occupation or group to no greater extent than any other member of such profession, occupation or group. A public official, including an elected state official or state employee who has a substantial conflict may not take official action on the matter.

FORM 6

**STATE OF CONNECTICUT
CONSULTING AGREEMENT AFFIDAVIT**

Affidavit to accompany a State contract for the purchase of goods and services with a value of \$50,000 or more in a calendar or fiscal year, pursuant to Connecticut General Statutes §§ 4a-81(a) and 4a-81(b)

INSTRUCTIONS:

If the bidder or vendor has entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1): Complete all sections of the form. If the bidder or vendor has entered into more than one such consulting agreement, use a separate form for each agreement. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public. **If the bidder or vendor has not entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1):** Complete only the shaded section of the form. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public.

Submit completed form to the awarding State agency with bid or proposal. For a sole source award, submit completed form to the awarding State agency at the time of contract execution.

This affidavit must be amended if the contractor enters into any new consulting agreement(s) during the term of the State contract.

AFFIDAVIT: [Number of Affidavits Sworn and Subscribed On This Day: _____]

I, the undersigned, hereby swear that I am the chief official of the bidder or vendor awarded a contract, as described in Connecticut General Statutes § 4a-81(a), or that I am the individual awarded such a contract who is authorized to execute such contract. I further swear that I have not entered into any consulting agreement in connection with such contract, **except for the agreement listed below:**

Consultant's Name and Title

Name of Firm (if applicable)

Start Date

End Date

Cost

Description of Services Provided:

Is the consultant a former State employee or former public official? ☐ YES ☐ NO

If YES:

Name of Former State Agency

Termination Date of Employment

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

Printed Name of Bidder or Vendor **Signature of Chief Official or Individual** **Date**

Printed Name (of above) Awarding State Agency

Sworn and subscribed before me on this _____ **day of** _____, **200**__.

**Commissioner of the Superior Court
or Notary Public**

FORM 7

**STATE OF CONNECTICUT
GIFT AND CAMPAIGN CONTRIBUTION CERTIFICATION**

Certification to accompany a State contract with a value of \$50,000 or more in a calendar or fiscal year, pursuant to C.G.S. §§ 4-250 and 4-252(c); Governor M. Jodi Rell's Executive Orders No. 1, Para. 8, and No. 7C, Para. 10; and C.G.S. §9-612(g)(2), as amended by Public Act 07-1

INSTRUCTIONS:

Complete all sections of the form. Attach additional pages, if necessary, to provide full disclosure about any lawful campaign contributions made to campaigns of candidates for statewide public office or the General Assembly, as described herein. Sign and date the form, under oath, in the presence of a Commissioner of the Superior Court or Notary Public. Submit the completed form to the awarding State agency at the time of initial contract execution (and on each anniversary date of a multi-year contract, if applicable).

CHECK ONE: ☐ Initial Certification ☐ Annual Update (Multi-year contracts only)

GIFT CERTIFICATION:

As used in this certification, the following terms have the meaning set forth below:

“Contract” means that contract between the State of Connecticut (and/or one or more of its agencies or instrumentalities) and the Contractor, attached hereto, or as otherwise described by the awarding State agency below;

If this is an Initial Certification, “Execution Date” means the date the Contract is fully executed by, and becomes effective between, the parties; if this is an Annual Update, “Execution Date” means the date this certification is signed by the Contractor;

“Contractor” means the person, firm or corporation named as the contractor below;

“Applicable Public Official or State Employee” means any public official or state employee described in C.G.S. §4-252(c)(1)(i) or (ii);

“**Gift**” has the same meaning given that term in C.G.S. § 4-250(1);

“Planning Start Date” is the date the State agency began planning the project, services, procurement, lease or licensing arrangement covered by this Contract, as indicated by the awarding State agency below; and

“Principals or Key Personnel” means and refers to those principals and key personnel of the Contractor, and its or their agents, as described in C.G.S. §§ 4-250(5) and 4-252(c)(1)(B) and (C).

I, the undersigned, am the official authorized to execute the Contract on behalf of the Contractor. I hereby certify that, between the Planning Start Date and Execution Date, neither the Contractor nor any Principals or Key Personnel has made, will make (or has promised, or offered, to, or otherwise indicated that he, she or it will, make) any **Gifts** to any Applicable Public Official or State Employee.

I further certify that no Principals or Key Personnel know of any action by the Contractor to circumvent (or which would result in the circumvention of) the above certification regarding **Gifts** by providing for any other principals, key personnel, officials, or employees of the Contractor, or its or their agents, to make a **Gift** to any Applicable Public Official or State Employee. I further certify that the Contractor made the bid or proposal for the Contract without fraud or collusion with any person.

CAMPAIGN CONTRIBUTION CERTIFICATION:

I further certify that, on or after December 31, 2006, neither the Contractor nor any of its principals, as defined in C.G.S. § 9-612(g)(1), has made any **campaign contributions** to, or solicited any contributions on behalf of, any exploratory committee, candidate committee, political committee, or party committee established by, or supporting or authorized to support, any candidate for statewide public office, in violation of C.G.S. § 9-612(g)(2)(A). I further certify that **all lawful campaign contributions** that have been made on or after December 31, 2006 by the Contractor or any of its principals, as defined in C.G.S. § 9-612(g)(1), to, or solicited on behalf of, any exploratory committee, candidate committee, political committee, or party committee established by, or supporting or authorized to support any candidates for statewide public office or the General Assembly, are listed below:

FORM 7

**STATE OF CONNECTICUT
GIFT AND CAMPAIGN CONTRIBUTION CERTIFICATION**

Lawful Campaign Contributions to Candidates for Statewide Public Office:

<u>Contribution Date</u>	<u>Name of Contributor</u>	<u>Recipient</u>	<u>Value</u>	<u>Description</u>

Lawful Campaign Contributions to Candidates for the General Assembly:

<u>Contribution Date</u>	<u>Name of Contributor</u>	<u>Recipient</u>	<u>Value</u>	<u>Description</u>

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

Printed Contractor Name

Signature of Authorized Official

Subscribed and acknowledged before me this _____ day of _____, 200__.

Commissioner of the Superior Court (or Notary Public)

For State Agency Use Only	
Awarding State Agency _____	Planning Start Date _____
Contract Number or Description _____	FORM 8

Budget Summary

Proposal Submitted by: _____

Budget for: _____

Administrative and General Expenses

Salary & Wages		Amount	FTE
	Administration		
	Business		
	Secretarial/Clerical		
	Other (Specify)		
	Total Salary & Wages	-	0.0
Non-Salary			
	Accounting & Auditing		
	Office Supplies (including postage)		
	Occupancy Costs (utilities, telephone, repairs, rent, taxes)		
	Insurance		
	Employee Mileage		
	Lease Equipment & Maintenance		
	Other (Specify)		-
			-
			-
	Total Non-Salary	-	
Employee Benefits			
	Total Administrative and General	-	
Program Costs			
Salaries & Wages		Amount	FTE
	Managers		
	Supervisors		
	Direct Care Staff		
	Per Diem/Substitute Staff		

	Nursing		
	Clinical Staff		
	Other (Specify)		
	-		
	-		
	-		
	Total Salaries & Wages	-	0.0
Program Costs (continued)			
	Employee Benefits	Amount	
	Social Security (FICA)		
	Unemployment		
	Workers Compensation		
	Insurance (Health, Dental, Disability, Life)		
	Retirement		
	Other (Specify)		
	Total Benefits	-	
	Non-Salary		
	Contract Personnel		
	Occupational Therapy		
	Physical therapy		
	Nurse		
	Speech		
	Behaviorist		
	Psychiatry		
	Psychology		
	Other (Specify)		
	-		
	-		
	-		
	Total Non-Salary Contract Personnel	-	
	Supplies and Services		
	General Supplies & Services		
	Employee Training, Fees and Supplies		
	Client Med. & Education & Recreation		
	Total Supplies and Services (7b1 thru 7b4)	-	
	Transportation		
	Transportation (excluding Vehicle Interest)		
	Vehicle Interest		
	Total Transportation		

	Other (Specify)		
	Total Non-Salary	-	
	Total Cost for Program	-	
	Total Cost For Program and Administrative	-	

Form 8

Proposal # _____ Provider _____
--

SECTION VI – Miscellaneous Information

A. MINIMUM SUBMISSION REQUIREMENTS

Check ✓Yes or ✓No for each requirement listed in the table below.

If No is checked for any requirement, stop the review and notify the Chair of Screening Committee.

Yes	No	Requirement
		Provider Qualification:
		- On DDS qualified provider list.
		- Not on Enhanced Contract Monitoring
		- Org or Exec. 3 yrs administering residential community supports
		- Admin of Org is knowledgeable of nature, needs, development & mgt of prgms for people with ID
		- Admin of Org has 1 yr providing admin supports to org that provides CLA, CTO or CRS supports.

Yes	No	Requirement
		Proposal received before deadline (4pm 11/30/2011) no fax no email
		Proposal meets packaging and labeling requirements:
		- submitted in sealed package
		- addressed to official agency contact
		- name & address of proposer appears on package (upper left corner)
		- title of RFP lower left corner
		- includes signed original (labeled as original)
		- includes four copies
		Proposal follows the required format:
		- page size (8 ½ X 11 / portrait) , font size, font type (Times New Roman) , margins (1" all sides) & pagination (all pages numbered and double sided)
		- no material dependent on color distinctions or animations
		- no notebooks or binders
		- no prohibited attachments (required Attachments A-M)
		- Proposal is complete (includes all nine sections)
		Proposal includes required Outline documentation:
		- Cover Sheet
		- Table of Contents
		- Conflict of Interest Disclosure Statement (Page 4) Signed and either does/does not is circled
		- Executive Summary (Page 5)
		Main proposal includes required Sections:
		- Organizational profile

		- Scope of Services
		- Staffing Plan
Yes	No	Requirement
		- Data and Technology
		- Subcontractors
		- Work Plan
		- Cost Proposal
		- A. Budget Summary Form
		- B. Budget Narrative
		Appendices includes required Attachments:
		- Proposer's Authorized Representatives (Attachment A)- signed
		- Agreements and Assurances Form (Attachment B) - signed
		- Notification to Bidders (Attachment C) - signed
		- Organization Chart (Attachment D)
		- Executive Management Resumes (Attachment E) – Administrator of the organization and the Executive Management Team
		- Proposer Performance Reviews (Attachment F) – 4 Consumer Satisfaction Surveys, 2 QSR, Carf Accreditation, Licensing Reports
		- 2 Financial Statements (Attachment G) 2 most recent or if <2yrs operation then CPA statements reviewed or audited
		- 3 Letters of Reference (Attachment H)
		- Staffing Schedule (Attachment I)
		- CTH Organization Chart (Attachment J)
		- Key CTH Personnel Resumes (Attachment K)
		- Consulting Agreement Affidavit Form 5 (Attachment L)
		- Gift and Campaign Contributions Certification (Form 1) (Attachment M)

B. Qualifying Proposal Evaluation Checklist

Agency _____ Date of Review _____

A composite rating should be developed by the committee for each criteria. Using a scale of 1 –5, where 5 = Excellent (highest score) and 1 = poor (lowest Score) place your rating in the corresponding box.

A. Organization

- | | Rating |
|--|---|
| 1. Mission statement and philosophy | <input style="width: 30px; height: 20px;" type="text"/> |
| 2. Organization resources to accomplish proposal | <input style="width: 30px; height: 20px;" type="text"/> |
| 3. Board of Directors | <input style="width: 30px; height: 20px;" type="text"/> |

Total		Average		Weight		Score
<input style="width: 30px; height: 20px;" type="text"/>	Divided BY	<input style="width: 30px; height: 20px; text-align: center; value: 3;" type="text"/>	=	<input style="width: 30px; height: 20px;" type="text"/>	X	<input style="width: 30px; height: 20px; text-align: center; value: (.14)" type="text"/>
						= <input style="width: 30px; height: 20px; border: 2px solid black;" type="text"/>

B. Previous Agency Performance

- | | Rating |
|--|---|
| 1. Past performance reviews- programmatic and legal | <input style="width: 30px; height: 20px;" type="text"/> |
| 2. Past performance reviews- consumer satisfaction | <input style="width: 30px; height: 20px;" type="text"/> |
| 3. Past performance reviews- fiscal | <input style="width: 30px; height: 20px;" type="text"/> |
| 4. Past performance reviews- housing/project Development | <input style="width: 30px; height: 20px;" type="text"/> |
| 5. Past performance reviews- evidence of efficient and effective financial management system | <input style="width: 30px; height: 20px;" type="text"/> |

Total		Average		Weight		Score
<input style="width: 30px; height: 20px;" type="text"/>	Divided BY	<input style="width: 30px; height: 20px; text-align: center; value: 5;" type="text"/>	=	<input style="width: 30px; height: 20px;" type="text"/>	X	<input style="width: 30px; height: 20px; text-align: center; value: (.14)" type="text"/>
						= <input style="width: 30px; height: 20px; border: 2px solid black;" type="text"/>

Continue on next page

Qualifying Proposal Evaluation Checklist

A composite rating should be developed by the committee for each criteria. Using a scale of 1 –5, where 5 = Excellent (highest score) and 1 = poor (lowest Score) place your rating in the corresponding box.

C. Support Strategies

1. Individual supports and services

Rating

2. Adherence to RFP

3. Community Resources and Personal Networks

4. Legal Requirements

Total

Divided
BY

Average

Weight

Score

(.14)

D. Personal Preferences and Relationships

1. Personal Preferences

Rating

2. Relationships

Total

Divided
BY

Average

Weight

Score

(.14)

E. Proposed Work Plan and Time Frame

Rating

X

Weight
(.10)

Score

F. Support staff/Staffing Patterns

Rating

X

Weight
(.20)

Score

Continue on next page

Qualifying Proposal Evaluation Checklist

A composite rating should be developed by the committee for each criteria. Using a scale of 1 –5, where 5 = Excellent (highest score) and 1 = poor (lowest Score) place your rating in the corresponding box.

G. Budget/Cost Effectiveness

1. Relationship to Available Funding

Rating

2. Compare Budget to Other Proposals

3. Indirect Costs

4. Feasibility of Proposal

Total

Divided
BY

Average

Weight

(.14)

Score

SCORES A B C D E F G Total Score

 + + + + + + =

Total Score

X

=

Final Score

Comments:

Reviewer Initials:

C. Interview Evaluation Checklist

Agency _____ Date of Review _____

A composite rating should be developed by the committee for each criteria. Using a scale of 1 –5, where 5 = Excellent (highest score) and 1 = poor (lowest Score) place your rating in the corresponding box.

A. Support Strategies

- | | Rating |
|--|----------------------|
| 1. Individual supports and services | <input type="text"/> |
| 2. Adherence to RFP | <input type="text"/> |
| 3. Community Resources and Personal Networks | <input type="text"/> |
| 4. Legal Requirements | <input type="text"/> |

Total

		Average	Weight	Score
<input type="text"/>	Divided BY	<input type="text" value="4"/>	=	<input type="text"/>
		X	<input type="text" value=".25"/>	= <input type="text"/>

B. Personal Preferences and Relationships

- | | Rating |
|-------------------------|----------------------|
| 1. Personal Preferences | <input type="text"/> |
| 2. Relationships | <input type="text"/> |

		Average	Weight	Score
<input type="text"/>	Divided BY	<input type="text" value="2"/>	=	<input type="text"/>
		X	<input type="text" value=".25"/>	= <input type="text"/>

C. Support staff/Staffing Patterns

	Rating	Weight	Score
<input type="text"/>		X <input type="text" value=".25"/>	= <input type="text"/>

Continue on next page

Interview Evaluation Checklist

D. Budget/Cost Effectiveness		Rating
1. Relationship to Available Funding		<input type="text"/>
2. Compare Budget to Other Proposals		<input type="text"/>
3. Indirect Costs		<input type="text"/>
4. Feasibility of Proposal		<input type="text"/>
<div> <div>Total</div> <div>Divided BY</div> <div><input type="text" value="4"/></div> <div>=</div> <div><input type="text"/></div> <div>Average</div> <div>X</div> <div>Weight</div> <div><input type="text" value=".25"/></div> <div>=</div> <div>Score</div> <div><input type="text"/></div> </div>		

SCORES A B C D Total Score

+
+
+
=

Total Score

X

=

Final Score

Comments:

Reviewer Initials:

D. Guidelines for Qualifying Proposal Evaluation Checklist

SECTION A: Organization

Assess the organization's value, adhere to the DDS mission and potential ability to accomplish the proposal and operate the program.

1. Mission and Philosophy: Review the formal mission and organizational philosophy contained in each proposal and compare it to the DDS Mission and Vision. Look for clear evidence of consistency between the agency statement and the principles contained in the DDS Mission/Vision, such as:

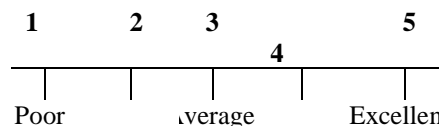
- community presence and participation
- development of skills and competence
- fostering individual choice
- strengthening personal and family relationships
- respect and dignity
- developing natural support networks
- prompting individual control over selection of supports and service providers
- using individual preferences in establishing goals and objectives
- engaging in collaboration with other community service providers

Review the proposal to identify proposed practices, which are also consistent with the DDS Mission/Vision. Examples include focusing on person-centered planning, incorporating the Accreditation Council Performance Outcomes measures as an evaluation tool, special and unique efforts to include family and friends, using generic services and supports when appropriate, establishing a "circle" of natural supports for the individuals in the program, providing extra opportunities for meaningful participation in community life (e.g., volunteerism, membership in religious or civic organizations, etc.), seeking competitive jobs in the real workplace, etc

Where possible review the history of the agency to identify actual and historical practices, which may support there stated philosophy and proposed actions (i.e., do they "practice what they preach").

Rating Scale Guidelines

Score each criterion on a relative scale of 1-5. Use the descriptions as a guide for assigning scores. Consider a score of 2 as midway between 1 and 3; a score of 4 as a midway between 3 and 5.



1) POOR:

The mission & philosophy of the organization is not consistent with the principles contained in the DDS Mission/Vision. The proposal does not address community inclusion, choice, relationships, client/family preference, etc. The organization does not possess necessary management, independent oversight, support and/or clinical resources or expertise to adequately meet the needs of the individuals to be served in the program

(2)

(3) AVERAGE:

The mission & philosophy of that organization is generally consistent with the DDS Mission/Vision. The proposal articulates the philosophy and presents evidence of proposed practices, which will promote inclusion, choice, empowerment, relationship building, etc. The organization has an adequate resource-base, management structure and history in working with similar populations to meet the needs of the individuals to be served in the program. The Board is independent and provides adequate oversight.

(4)

5) EXCELLENT:

The mission & philosophy of the organization exemplifies the DDS Mission/Vision. The organization very clearly illustrates how it will practice these principles. It has a consistent history of demonstrating outstanding efforts to promote meaningful inclusion and integration, client and family choice and control, building and supporting long-term relationships and networks. The organization has demonstrated special expertise in meeting the needs of similar population. There is an excellent resource base, which supports the program. Management resources are either specifically dedicated to the program or are readily available to provide close support. The Board in broad based, independent and plays an active role in governing the agency.

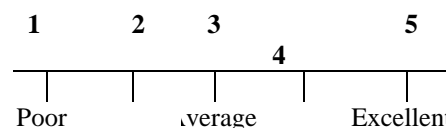
2. Organizational Resources: Review the relative strengths and weaknesses of the organization based on any identified areas of demonstrated expertise. (e.g., strong history of supporting people with severe challenging behaviors or significant medical needs, etc.).

Evaluate the availability of clinical and other support personnel or resources that are necessary to provide expert and timely services to the people who will be served in the program. Are there sufficient linkages with medical, hospital, psychiatric, nursing services? Where are they located and can they be assessed in an efficient fashion? Are there other programs in the area, which could provide back up staff and associated resources when necessary or is the program isolated? Also consider the relationship of management and supervisory support. Assess the proximity, span of control and general availability of administrative oversight of the program.

3. Board of Directors: Assess the relative independence of the agency's Board of Directors and its ability and history in governing the agency and its administration. Identify the membership of the Board, with particular reference to conflict of interest (e.g., employee members, family relationships, etc.) and the presence of consumers and/or family representation. Evaluate the extent to which the Board plays an active role in overseeing agency operations and executive decisions (e.g., frequency and content of meetings).

Rating Scale Guidelines

Score each criterion on a relative scale of 1-5. Use the descriptions as a guide for assigning scores. Consider a score of 2 as midway between 1 and 3; a score of 4 as a midway between 3 and 5.



(1) POOR:

The mission & philosophy of the organization is not consistent with the principles contained in the DDS Mission/Vision. The proposal does not address community inclusion, choice, relationships, client/family preference, etc. The organization does not possess necessary management, independent oversight, support and/or clinical resources or expertise to adequately meet the needs of the individuals to be served in the program.

(2)

(3) AVERAGE:

The mission & philosophy of that organization is generally consistent with the DDS Mission/Vision. The proposal articulates the philosophy and presents evidence of proposed practices, which will promote inclusion, choice, empowerment, relationship building, etc. The organization has an adequate resource-base, management structure and history in working with similar populations to meet the needs of the individuals to be served in the program. The Board is independent and provides adequate oversight.

(4)

5) EXCELLENT:

The mission & philosophy of the organization exemplifies the DDS Mission/Vision. The organization very clearly illustrates how it will practice these principles. It has a consistent history of demonstrating outstanding efforts to promote meaningful inclusion and integration, client and family choice and control, building and supporting long-term relationships and networks. The organization has demonstrated special expertise in meeting the needs of similar population. There is an excellent resource base that supports the program. Management resources are either specifically dedicated to the program or are readily available to provide close support. The Board in broad based, independent and plays an active role in governing the agency.

SECTION B: Previous Provider Performance

Assess the organizations past performance and history in five (5) areas, as follows:

1. Program and Legal Performance: Review the quality and consistency of programs and services provided by the provider over the past few years. Consider regulatory compliance, results of ongoing monitoring and review, incidents and special concerns, presence of any special or mandated corrective actions, provider developed quality indicators, accreditation, QSR Performance Outcomes, etc. Potential sources of information included:

- Licensing reports
- Quality Service Reviews (QSR)
- ICF/MR reports
- Consumer incident reports
- PRC and HRC reviews
- Special Concerns
- Legal Actions & Stipulated Agreements
- CARF accreditation
- Quality reports from other State Departments
- Case Management reviews and reports
- Contract Monitoring reports, etc.

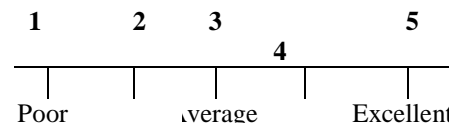
2. Consumer Satisfaction: Review both formal and informal indicators of consumer, family, Case Manager, advocate and guardian satisfaction with services provided by the provider. The results of provider surveys, DDS surveys, history of complaints, letters of recommendation and support from consumers, etc. should be considered.

3. Fiscal: Review past audits, licensing reports and DSS reports to assess compliance with all regulations pertaining to management of consumer and program funds. Identify and note deficiencies, audit exceptions or special concerns related to the control, use and management of money.

4. Housing or Project Development: Review the provider history in developing and securing residential and or day program facilities. Evaluate the timeliness of acquisition, quality of housing, general upkeep and maintenance of facilities and ability to operate housing within budget or established reimbursement rates.

Rating Scale Guidelines

Score each criterion on a relative scale of 1-5. Use the descriptions as a guide for assigning scores. Consider a score of 2 as midway between 1 and 3; a score of 4 as a midway between 3 and 5.



(1) POOR:

The provider has a history of poor performance in two or more of the 5 categories reviewed. There is past evidence that the provider has not been able to appropriately meet the programmatic, housing, project development, or financial standards required for maintaining a proper level of care without special oversight or intervention.

(2)

(3) AVERAGE:

The provider has demonstrated an adequate level of compliance with regulations and formal program requirements. There is evidence of general satisfaction with most services provided by the provider. Housing or project development and management of finances is satisfactory.

(4)

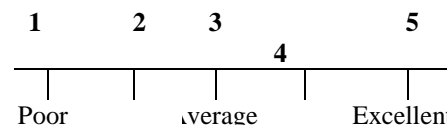
5) EXCELLENT:

The provider has an above average record of providing quality programs and services. Formal compliance indicators and consumer satisfaction ratings are consistently good. Housing or project development is timely and finances are well managed. The provider has a positive cash flow and adequate financial resources to maintain a high level of services and meet unforeseen emergencies.

5. Financial Management: Review the provider's history in managing and operating within budget and managing consumer's individual finances. Maintains a credit line to meet financial needs. Identify any indicators that the provider has experienced substantial difficulties in maintaining a positive cash flow, such as repeated need for special processing of payment, repeated requests for additional funding, complaints from subcontractors about timely payment, reduction of services, inability to secure an adequate credit line, deterioration of facilities or equipment, late payment of payroll obligations, etc, Consider outstanding debt in relation to assets and revenues.

Rating Scale Guidelines

Score each criterion on a relative scale of 1-5. Use the descriptions as a guide for assigning scores. Consider a score of 2 as midway between 1 and 3: a score of 4 as a midway between 3 and 5.



(1) POOR:

The provider has a history of poor performance in two or more of the 5 categories reviewed. There is past evidence that the provider has not been able to appropriately meet the programmatic, housing, project development, or financial standards required for maintaining a proper level of care without special oversight or intervention.

(2)

(3) AVERAGE:

The provider has demonstrated an adequate level of compliance with regulations and formal program requirements. There is evidence of general satisfaction with most services provided by the provider. Housing or project development and management of finances is satisfactory.

(4)

5) EXCELLENT:

The provider has an above average record of providing quality programs and services. Formal compliance indicators and consumer satisfaction ratings are consistently good. Housing or project development is timely and finances are well managed. The provider has a positive cash flow and adequate financial resources to maintain a high level of services and meet unforeseen emergencies.

SECTION C: Support Strategies

Evaluate the proposal in terms of its ability to meet the identified needs of the consumers in the RFP and according to the four criteria outlines below.

1. Individual Supports and Services: Assess how the proposed program will meet the health and safety, behavioral, psychiatric, educational, habilitative, and the overall quality of life needs of the people to be served. Consider any specialized services and supports for one or more of the people to be served, which can include medical and nursing services, adaptive equipment, recreation, fitness and social needs, unique staff skills, language and cultural needs, etc.

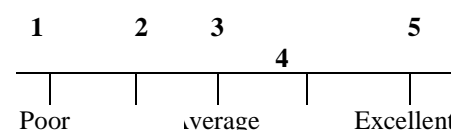
2. Adherence to RFP: Assess how well the proposal meets all of the individual support needs. Review specific support areas to determine if they have been appropriately addressed in the proposal.

3. Community Resources and Personal Networks: Evaluate the extent to which the proposal incorporates the utilization of community services and the development of individual networks of support, including family and friends, community organizations, self advocacy opportunities, and social networks that might reduce the reliance on segregated services.

4. Legal Requirements: Review the proposal for its adherence to any legal and regulatory requirements, such as the need for licensing, court ordered stipulations, DDS policy (Human Rights, Individual Planning, Program Review, staff qualifications) and associated requirements, etc.

Rating Scale Guidelines

Score each criterion on a relative scale of 1-5. Use the descriptions as a guide for assigning scores. Consider a score of 2 as midway between 1 and 3; a score of 4 as a midway between 3 and 5.



(1) POOR:

The proposal does not fully meet the individual needs or does not recognize the individual circumstances of the people to be served. It does not adequately address the development of community involvement or the general quality of life, cultural and language needs of the people to be served.

(2)

(3) AVERAGE:

The proposal generally addresses all of the individual supports and services and demonstrates efforts to recognize and provide support strategies to meet individual needs. Community resources and social networks are potentially available. Any legal requirements in the RFP are met.

(4)

5) EXCELLENT:

The proposal addresses all of the specific needs of each individual to be served and provides significant details to address special consumer circumstances. It addresses all legal requirements in the RFP. The proposal provides numerous opportunities for the inclusion of community resources and the establishment and ongoing support of personal networks.

SECTION D: Personal Preferences and Relationships

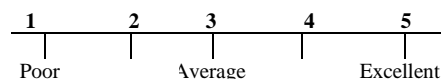
Evaluate the proposal in terms of strategies, which encourage and facilitate the inclusion of personal preferences and relationships as a mechanism for meeting individual needs.

1. Personal Preferences: Assess how well that proposal addresses any personal preferences of the people to be served. Consider the extent to which it recognizes and values person-centered planning and the ability of the individual to determine the focus of services. Preferences in leisure time, home ownership, routines, schedules, location, work, hobbies, service providers, etc., are areas for consideration.

2. Relationships: Evaluate the extent to which the proposal attempts to assist individuals and their families and friends to maintain important relationships. Consider efforts to provide transportation for family visits, invite family and friends into the normal routine of the program, strengthen involvement in planning activities, etc. If there are no existing relationships, review strategies to develop or re-establish family contacts and friendships.

Rating Scale Guidelines

Score each criterion on a relative scale of 1-5. Use the descriptions as a guide for assigning scores. Consider a score of 2 as midway between 1 and 3; a score of 4 as a midway between 3 and 5.



(1) POOR:

The proposal does not address the role of personal preferences in the design of services and supports. No special attention is paid to building or maintaining ongoing relationships of family or friends for the people to be served.

(2)

(3) AVERAGE:

The proposal supports the inclusion of individual preferences and maintenance of important relationships. No extraordinary strategies, however, are identified.

(4)

(5) EXCELLENT:

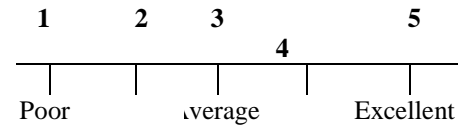
The proposal places a special emphasis on valuing and including personal preferences as means of shaping the services and supports. Unique or exceptionally powerful strategies are identified to develop and strengthen personal relationships for the people to be served.

SECTION E: Proposed Work Plan and Time Frames

Evaluate the proposal in terms of its ability to meet the project's time frame. Particular attention should be given to the feasibility of housing or facility acquisition, hiring and training of staff and support personnel, establishment of any special service contracts, vehicle acquisition and transition planning. Consider the proposed mechanisms for financing start-up and development costs. If the proposal will rely on third party financing or management of the development process, review the extent to which the agency will be able to control and direct these processes. Identify any interim or temporary plans for beginning the program if difficulties arise. Reference the proposed timetable against historical experience with similar projects (i.e., is it practical and feasible?).

Rating Scale Guidelines

Score each criterion on a relative scale of 1-5. Use the descriptions as a guide for assigning scores. Consider a score of 2 as midway between 1 and 3; a score of 4 as a midway between 3 and 5.



(1) POOR:

The proposal does not address a majority of the transitional and operational activities and is not able to meet the identified time-frame for the project start-up. Financing is uncertain. There is not evidence of a feasible plan to start the program within a reasonable period of time if problem in development occur.

(2)

(3) AVERAGE:

The proposal generally addresses a majority of the transitional and operational activities and meets the identified time frame for project start-up. Development mechanism, financing and staff resources appear practical.

(4)

(5) EXCELLENT:

The proposal is able to meet or exceed the transitional and operational activities and project requirements for start-up. There is clear evidence of the human resources and financial ability to accomplish any development, acquisition or start-up activities without being compromised by external obstacles. A back-up contingency plan is articulated to guarantee initiation of the program on time.

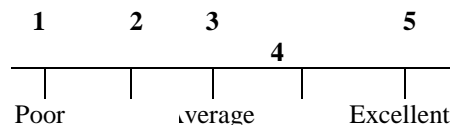
SECTION F: Support/Staffing Patterns

Evaluate the proposal in terms of the proposed staffing patterns. Consider the relationship between consumer needs and the type and numbers of direct and support service personnel assigned to the program. Review the proposed schedules across a 24-hr, 7-day per week time period. In evaluating the support of staffing patterns consider a wide range of variables including:

- Level of direct supervision and support needs based on the Level of Need (LON)
- Medical and physical disability levels and needs (e.g., nursing)
- Need for assistance in transferring, bathing, mealtime activities
- Special instructional needs
- Physical characteristics of the setting (e.g., 1 floor, multi-level, presence of adaptive equipment or modifications to the facility, fire safety enhancements, location, etc.)
- Safety needs related to evacuation and emergency response
- Needs for special behavior management
- Procedures
- Proximity to other programs
- Presence of supervision and/or professional, indirect staff support
- Day program schedules
- Provision of transportation to day Programs
- Community activities being proposed
- Use of volunteers
- Use of technology to enhance staff efficiencies and link personnel to other resources
- Full time equivalent totals – FTE
- Number of support hours
- Staffing schedules need to be clear and easy to interpret
- Third shift staffing (awake vs. asleep)
- Plan on how staff will be trained and monitored to ensure consumer outcomes and health and safety needs are met.

RATING SCALE GUIDELINES

Score each criterion on a relative scale of 1-5. Use the descriptions as a guide for assigning scores. Consider a score of 2 as midway between 1 and 3; a score of 4 as a midway between 3 and 5.



(1) POOR:

The proposed staffing for the program is not appropriate for the type of services and supports necessary to meet the needs of the people to be served. There are insufficient numbers of personnel, required professional staff are not available when needed and/or the proposed schedule compromises the ability of the program to safely meet all needs.

(2)

(3) AVERAGE:

The proposed staffing generally meets the needs of the individuals to be served. There is evidence of staffing enhancements such as specialized training, on-site availability of professional resources, use of technology to link personnel and/or extraordinary and unique methods to incorporate volunteers as an enhancement.

(4)

(5) EXCELLENT:

The proposed staffing for the program fully meets or exceeds the special needs of the people to be served. There is evidence of staffing enhancements such as specialized training, on-site availability of professional resources, use of technology to link personnel and/or extraordinary and unique methods to incorporate volunteers as and enhancement.

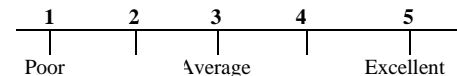
SECTION G: Budget/Cost Effectiveness

Evaluate the proposal's budget in terms of its appropriateness to efficiently meet all of the identified needs of the individuals and support all of the services and programs being proposed. Determine whether the budget proposal is within the funding amount available for this project. Compare the costs with those in competing budgets. Compare the type and amount of services proposed with competing budgets. Determine whether costs for services outlined (defined) in the proposal are feasible and realistic. Review the three criteria listed below:

1. **Relationship to Available Funding:** Determine whether the budget proposal is within the funding amount available for this project.
2. **Compare Budget to Other Proposals:** Consider types and amount of services offered and ability to meet individual needs. Be sure to use direct and management (A&G) costs and remove costs that are not part of the service budget, such as room and board.
3. **Indirect Costs:** Look at indirect costs and the percentage of the budget assigned to this area. Consider and compare the amount assigned to this area and any specific justifications noted for these costs.
4. **Feasibility of Proposal:** Look at the type and amount of services and determine if the budget will be able to support these. If possible, compare to similar programs currently in operation to assist in determining if the services and supports can be provided within the proposed budget.

RATING SCALE GUIDELINES

Score each criterion on a relative scale of 1 – 5. Use the descriptions as a guide for assigning scores. Consider a score of 2 as midway between 1 and 3; a score of 4 as midway between 3 and 5.



(1) POOR:

The budget is above the available funding amount. The proposed budget is not feasible and cannot support the services proposed. A high level of funding is assigned to A&G. The proposal is more expensive than other proposals with the same level of service.

(2)

(3) AVERAGE:

The budget is at the available funding amount. The [proposed budget appears adequate to support the services proposed. The amount assigned to A&G is at or under the cap allowed. The cost of the proposal is average in comparison with other proposals.

(4)

(5) EXCELLENT:

The budget is below the available funding amount. The proposed budget is able to support the services proposed in a cost effective manner allowing for some expansion as needed. The A&G is below the cap and use is well defined. The proposed budget is more cost effective than most of the other proposals.

Exhibit A:

(d.) Community Training Home Support Services (CTH). CTH is licensed by the DDS to provide participants with residential supports in a family setting. A CTH family provider provides participants assistance with the acquisition, retention, or improvement of skills related to activities of daily living, such as personal grooming and cleanliness, bed making and household chores, eating and the preparation of food, and the social and adaptive skills necessary to enable the Participant to reside in a non-institutional setting.

1. Contractor's Responsibilities. Under the CTH Program, the Contractor is responsible for the following:

A. Advertise, recruit, develop and maintain license of community training home providers, as directed by the Region.

Interpretive Guideline: Each private agency needs to maintain an adequate capacity of vacant licensed homes to support presently placed individuals and to be prepared for unanticipated needs for these individuals. This can be accomplished by new licensing activity or by maintaining vacant beds in existing homes. In addition, Regional Coordinators can frequently provide contact information for new CTH applicants in order to meet specific placement and referral needs. Private agencies can also advertise and recruit for new CTH applicant without regional direction.

B. Conduct initial training for all new applicants providing supports in a CTH setting prior to initial DDS licensing.

Interpretive Guideline: Private agencies will provide the necessary training or will facilitate the attendance at appropriate training for CTH applicants to meet the requirement for CTH licensing consistent with the CTH Licensing regulations and the CTH Phase 1 training outline.

C. Insure follow up training is completed as needed for annual relicensing and as needed to meet Participant needs.

Interpretive Guideline: The private agency will assure that each CTH licensee maintains CPR certification and that they receive any other necessary training identified by the individuals IP P&ST as necessary to meet their needs.

D. Attend and participate in transition meeting and transition activities.

Interpretive Guideline: The private agency will attend and participate in the referral and transition process. This starts with a review of the referral packet, then meeting with individual's case manager and then introducing the person to the potential Licensee. If a match is determined to be possible, they will assist and facilitate the scheduling of pre-placement visits and all the pre-placement activity.

E. Insure the Participant's benefits are in place: this includes, but is not limited to, ongoing reviews of entitlements and assistance in redeterminations of entitlements.

Interpretive Guideline: Assure that the Licensee completes the DSS and SS Re-determination every 6 months or more as needs dictate. Assure Licensee completes form(s) and mails into DSS within time frames. Assure the Licensee maintains accurate financial records and provide to the team at each quarterly review a comprehensive summary of all financial activity for the individuals including accurate documentation of:

- Earnings and Wages
- Expenditures
- Savings records
- Checking records

Note: Upon placement initial DSS benefits will be applied for by the Sending DDS case manager. The W-265 Admission Form and W-1 will be sent to DSS on day of admission and the W-1F application for cash benefits will be completed by the DDS case manager and the Licensee and sent to DSS within 14 days of admission. Once established the Private agency will assist the Licensee in regard to benefit and entitlement issues related to redeterminations as needed and will contact the DDS case manager if specialized assistance is required.

F. Insure the Participant's belongings are moved upon admission or discharge to the CTH as directed by the DDS CTH Coordinator.

Interpretive Guideline: Upon admission or discharge to/from a CTH the private agency shall assure that the individual is admitted/discharged with all their possessions and that documentation of such is available in accordance with CTH regulations (i.e. Inventory List signed by both sending and receiving home/licensee and kept in sending/receiving home).

G. Insure all documentation regarding the participant such as medical and financial records are moved upon admission or discharge to the CTH as directed by the DDS CTH Coordinator.

Interpretive Guideline: The private agency will insure that all documentation regarding the participants medical and financial records are moved upon admission or discharge to the CTH as directed by the DDS CTH Coordinator. In the event that an individual is moved or discharged from the CTH all records become the property of the Department of Developmental Services and therefore all records need to be turned over to the department.

H. Coordinate transportation in cooperation with DDS and CTH family provider.

Interpretive Guideline: The private agency will work closely with the individual and the Licensee to coordinate the transportation that meets the needs of the individual for both vocational and personal needs. The DDS case manager will be a resource as required and will amend budgets and make PRAT requests when additional funds are determined necessary to implement the team's transportation plan.

I. Attend and participate in the IP planning process and quarterly meetings.

Interpretive Guideline: Private Agencies will prepare in advance of each quarterly review meeting a comprehensive review/report of their activity and the activity of the licensees over the quarter related to their regulatory responsibilities and their assigned goals and responsibilities in the in the IP and/or in the most recent Plan of Correction. This review/report will provide a summary of: The home life of the individual, all individual financial activity (checking account activity, cash on hand, ledger sheets, as well as a summary/review of medical documentation, incident reports and/or abuse/neglect incidents). A draft version of the

review will be submitted to the case manager 2 weeks prior to the IP/Quarterly meeting and the final version will be brought and submitted to the case manager at the meeting.

J. Provide to the DDS case manager a report on each placed Participant in advance of each review meetings or IP that outlines progress on goals and issues needing the review and attention of the participant's team.

Interpretive Guideline: The private agency will maintain a monthly visitation schedule to each CTH with any individual placed in the home to monitor Licensee activity and to assure compliance with DDS regulations. A written report will be completed prior to the review outlining the individual(s) goals and objectives as well as pertinent issues requiring the teams attention. This report will be submitted in advance to the case manager prior to the review and with in a time frame that allows for the case manager to review. (Also see "I".)

K. Assist the CTH family provider with the development and implementation of specific service plans.

Interpretive Guideline: The private agency will monitor to assure the licensee carries out all of their direct responsibilities under the IP and will and provide direct assistance to extent necessary to support these activities with placed individual. The private agency may directly assist the licensee as needed with, doctor appointments, psychiatric appointments, banking activity, securing ID cards, relocation\moves, visits to DSS or SS offices for entitlement issues.

L. Be responsible for attending PRC and/or HRC meetings, as necessary. Prepare and submit the identified DDS forms and documentation regarding a Participant's behavior treatment plan and/or behavior modifying medications within the established timelines identified by the committee.

Interpretive Guideline: The private agency shall as required perform the activities needed to bring an individual case to PRC for approval of a physicians\psychiatrist plan for the use of medication in conjunction with a behavioral strategy. This include providing the resources necessary to prepare and\or revise a behavior plan, prepare and organize the PRC packet, the compilation of and graphing of data and the presentation at PRC. Further the agency will follow through with any recommendations and\or qualification resulting from PRC.

M. Provide Nurse Consulting/health care oversight services and periodic reviews of health needs as identified in the IP for a total of up to 6 hours annually for each Participant through appropriately licensed personnel or entities.

Interpretive Guideline: The private agency shall provide nurse consultation and oversight and behavioral consultation services at a level up to the LON of the individual and identified in the IP for each individual.

N. Provide Behavioral Consulting services and periodic reviews of behavioral needs as identified in the IP for a total of up to 6 hours annually for each Participant.

Interpretive Guideline: The private agency shall provide behavioral consultation services as identified in the IP for a total of up to 6 hours annually for each individual.

O. Assist CTH family providers in plans of correction to address licensing deficiencies and ensure the implementation of the plan of correction. Work collaboratively with the DDS case manager/IDT to implement the plans of correction.

Interpretive Guideline: The private agency shall attend the annual licensing inspection at the CTH. Once the Statement of Deficiencies (SOD) is completed, the private agency shall work with the CTH Licensee and the DDS Case manager to complete a Plan of Correction (POC) within the regulatory time frames. The private agency will consult with the Regional Coordinator or Designee as necessary to complete the POC. When completed the Licensee, the Private Agency representative and anyone else who assisted in the writing of any or all of the POC will sign the POC and send it directly to CO Quality Assurance Licensing Division with a copy to the Regional Coordinator. Upon receipt of the accepted POC the private agency will provide a summary at the next review meeting of all POC matters and the status of each issue until each issue is satisfactorily resolved. Where a POC states that an IP or Periodic Review will address a particular issue the Private Agency will assure that the case manager appropriately addresses those POC elements in the IP or Periodic reviews. Problems in this respect shall be brought to the attention of the Regional Coordinator. Depending on the depth and types of issues in the POC the private agency may request to hold a separate meeting with the case manager to review POC and to develop a specific plan to assist the Licensee create systems in their home to maintain their CTH license.

P. Insure that the homes maintain all records required pursuant to licensure regulation, or as may be reasonably required by the DDS, including, but not limited to a log of all personal incidents affecting the Participant, community activities of the Participant, all absences from the provider's home for more than 24 hours, and the reason for same, all medical and support services received by the Participant, and full accounting of all the funds held for, or on behalf of, the Participant.

Interpretive Guideline: Private agencies shall assure that each home has a CTH book and that this book provides locations and forms for documentation as prescribed for in the CTH regulations and/or in the individuals plan. Specifically it is critical that all Respite Profiles are updated at least monthly, or more frequently as circumstances warrant. In addition the private agency must assure that their licensees are maintaining medical contact sheets and financial records for each individual. Medical contact sheets must regularly and accurately be maintained. Further, the agency must assure that the Licensee maintains records regarding the ongoing use of the special support payments in pursuit of services identified in the individual plan.

Q. Notify DDS (DDS CTH Coordinator or designee) by the 5th of each month of all overnight absences in the previous calendar month for each Participant on their contract.

Interpretive Guideline: The private agency shall collect for each of your CTH licensee overnight absence information and report that information in one report to the regional coordinator's office by the 5th of each month. Should electronic attendance reporting be made available the private agency will utilize this method to report attendance.

R. Insure that all legal rights of the Participants are protected and safeguarded.

Interpretive Guideline: Maintain a monthly visitation schedule to each CTH with any individual placed in the home to monitor Licensee activity and to assure compliance with DDS regulations, policy and that the Licensee is implementing the IP. Prepare information and present to Human Rights Committee if an individuals plan requires such action.

S. Insure alternative placement for the Participants in the event of an emergency or if the current Community Training Home is no longer an appropriate setting.

Interpretive Guideline: *Should circumstances make it necessary, the private agency will provide an alternative emergency respite opportunity in another CTH or other appropriate setting for an individual who's Licensee for whatever reason suddenly becomes unable to care for them. (See 'A' above)*

T. Provide documented monthly visits to each CTH family provider.

Interpretive Guideline: *A monthly monitoring visit to the home, separate from any DDS team meeting or inspection visit must occur. This visit will occur at a time when the placed individual is at home. At this visit the private agency will document a review of all documentation maintained by the licensee and have documentation of this visit available for the Regional Coordinator or Designee to review upon request. The case manager will be immediately notified of any irregularities that are discovered in this monthly visit. Below are examples of the areas\systems the agency will review:*

Reviewing CTH Book(s):

- *Medical (review follow up needs)*
- *Journal entries*
- *Incident Reports*
- *Behavior Plan & Data (if applicable)*
- *Respite Profile (Verify any new Designees' have been trained)*
- *Safety Alerts (Verify any new Designees have been trained)*
- *IP\Periodic Reviews in the home (IP w/in 30 days, PR w/in 2 weeks)*

Review Finances:

- *Review the licensee reconciliation of ledger sheets*
- *Review checkbook against ledger*
- *Verify cash on hand*
- *Verify that benefits (entitlements) are correct*
- *Verify that the individual is not over assets for DSS*
- *Verify Inventory list of purchases of items over \$50.00 is being maintained and has been updated in accordance with purchases recorded in the ledger.*

Review Home:

- *Test hot water*
- *Look for safety issues*
- *Verify licensed bedroom\sleeping conditions*

Use time to have discussion with individual(s) and make observations of interactions.

U. Insure completion of Incident Reports and notification of case managers of all the Participant incidents.

Interpretive Guideline: *Private agency will follow up on and assure that the Licensee completes incidents reports on incidents and injuries requiring such reports and that the reports are submitted to the case manager.*

V. Adhere to the DDS Critical Incident reporting procedure.

Interpretive Guideline: Each private agency will have 24-hour available contact number for your licensees to report incidents that require an agency response to the regional on-call system. The private agency will assure that the CI reporting procedure is implemented when necessary.

W. Assist and cooperate with abuse and neglect investigations, attend and participate in any administrative hearings as well as follow-up on recommendations from investigations, special concerns and protective service plans.

Interpretive Guideline: The private agency will assure that the Licensee implements OPA, DCF, Special Concern and PSP recommendations. The status of any such recommendations will be included in the private agencies periodic (quarterly) reports\reviews until such time as and programmatic recommendation(s) or a PSP is discontinued.

X. Adherence to all Health Insurance Portability and Accountability Act of 1996, as amended, requirements and assist reach CTH family provider to do the same.

Interpretive Guideline: The private agency will provide the necessary training and ongoing monitoring and oversight to their Licensee to carry out this responsibility. Any instance where the private agency becomes aware of a CTH Licensee violating HIPAA requirements will be promptly reported to the Regional Coordinator with a description of the circumstances. Refer to the CTH HIPAA material in the CTH manual.

Y. Notify DDS of any changes with the CTH family provider that could impact their licensing status (i.e. new occupants, health status, or arrest). The agency will complete a criminal record check for new occupants. An addendum to the initial analysis of the feasibility of the home must be completed for all new occupants in the CTH. The analysis must be timely and address the length of stay, employment, and other related information pertaining to the new occupant's stay in the home and provide substantive information so that the DDS CTH coordinator can fully understand the occupant's impact on the functioning of the home.

Interpretive Guideline: The private agency will immediately notify the regional coordinator of any changes with the CTH Licensee that could impact their licensing status (i.e.: new occupants, health status, arrest etc.) and will take the steps necessary to interview the licensee and complete an addendum to the Home Study to describe the impact the change has on the health safety of any placed individuals. The agency will complete the criminal record check for new occupants. The Home Study Addendums for new occupants must be timely and address the length of stay, employment, and other related information pertaining to the new occupants stay in the home and provide substantive information so that the regional coordinator can fully understand the occupants impact on functioning of the home. When changes in the Licensee status require emergency relocation of the individuals see section 'S'.

2. DDS Responsibilities.

A. Provide necessary care management services for each Participant participating in the program.

Interpretive Guideline: DDS is responsible to provide case management services in accordance with DDS policy. In addition we are responsible to support the CTH licensee and our private CTH agencies through an ongoing support relationship.

B. Assist the provider to identify an alternative residential setting if, for any reason, the Community Training Home model is no longer appropriate.

Interpretive Guideline: DDS will assist the licensee in finding alternative placements when the Community Training Home model is no longer appropriate. The DDS case manager will use the PRAT process to identify alternate residential resources that could meet the changed needs of the individual. DDS will facilitate the residential move and making sure that all necessary entitlement paperwork is filled out correctly.

C. Consultation will be provided to the Contractor by the DDS Quality Assurance Division, Licensing Division and the DDS CTH Coordinators in matters pertaining to the initial licensing and continued operation of the CTH family providers they support.

Interpretive Guideline: Through mutual arrangement DDS will provide consultation and training with private agencies to assist them in the development and in the direction of their program. This can be provided to the contractor by the DDS Quality Assurance Licensing Division and the regional DDS CTH Coordinators in matters pertaining to the initial licensing process and in continuing operations of the CTH families they support.

3. ADDITIONAL SERVICES AND FUNDING. When authorized by the DDS Resource Administration, the Contractor shall provide one or more additional services which may be funded under the following provisions.

Based on availability of funds budgeted through this Contract and the DDS's determination of need and/or specific directives, the DDS may allocate funds as follows:

(a) One-time funding for person -specific supports. One-time, non-annualized funds through this contract for person-specific supports to assist Participants who are experiencing a critical challenge. This funding shall provide specialized, short-term services to Participants who reside or work in private sector settings. Such short-term services include additional direct care staff, psychiatry, psychological services, specialized staff training, physical, occupational or speech therapy, counseling, behavioral management support, or any other appropriate supports, which assist in the continued presence of a Participant in his or her community and are not covered by a Participant's own entitlements.

Interpretive Guideline: One time funding will only occur when the individual's residential service rate and special support payments are assessed by the team as inadequate and all options have been explored and have been exhausted. Some examples might be one time's for home modifications, equipment, supplies, evaluations or for psychiatry, psychological services, and occupational or speech therapy, counseling, behavioral management, or any other appropriate supports not covered by the participants own entitlements.

(f) Community Training Home Development. One-time, non-annualized funds to recruit and develop private family homes as a Community Training Home licensed pursuant to CGS §17a-227 in which three or fewer adults, children with intellectual disabilities or autism reside.

Interpretive Guideline: Private agencies will develop and recruit private family homes as a Community Training Home as outlined in the Connecticut General Statutes in which three or fewer adults, and children with intellectual disabilities or autism reside. Each Community Training Home will meet the guidelines as outlined in the FSIR/Fire Safety Inspection Report. Any licensed family home will not be licensed above the capacity for three adults or three /children per the regulation. The private agency will be responsible for all required aspect to license the home as outlined in the regulations.

(g) Respite. Respite supports and services to families or primary caregivers of Participants

Interpretive Guideline: Private agencies must have and plan for respite capacity within their CTH program. The contract requires that the agency be able to provide respite opportunities to individuals displaced from one of their licensed CTH's but who are still able to be served in a CTH. Also, respite openings can be opportunities for vendor respite services provided to individual living at home. DDS will assist private agencies in finding respite supports to families and primary caregivers in an event of an emergency situation or crisis. DDS will look to other CTH Licensees to provide emergency respite.

Exhibit B:



State of Connecticut

DEPARTMENT OF DEVELOPMENTAL SERVICES

COMMUNITY TRAINING HOME (CTH) AGREEMENT

Licensee Name: _____ Co-Licensee _____

Licensee Address: _____

CTH License Number: _____

The following individual is placed under the auspices of my CTH license:

NAME:

DDS NUMBER:

Terms of Agreement

I, _____ of the address listed above, hereby agree to adhere to the following in regard to the above individual and all individuals placed into my home by DDS under the auspices of my CTH license:

1. I agree to at all times provide the supervision, companionship, assistance, and support required by the individual(s).
2. I understand that I will be required to continuously demonstrate the required skills and competencies to provide quality supervision, companionship, assistance, and support required by the individual(s).
3. I agree that at all times I will adhere to the Community Training Home licensing regulations, 17a-227-23 through 17a-227-30 and understand that my failure to do so may lead to compliance orders and/or sanctions on my license.
4. I agree to complete the department's initial and on-going training as well as any training required by department policy, the regional CTH program administrators or the Individual's Planning and Support Team, or show that I have received comparable training.
5. I agree to be an active participant in the development and implementation of the person's Individual Plan and periodic review meetings and to implement all applicable components of the plan that are identified as my responsibility.
6. I agree to document and maintain all required records, reports and all documentation (financial, medical, data collection or others as required) regarding the individual and I will protect these documents in accordance with CTH Regulations and department policy, and will return these records upon discharge or death of the individual or upon the request of the department.
7. I agree to at all times maintain a healthy and safe living environment in my home, including maintaining land-line phone service in my CTH to allow access to 911 emergency services at all times.
8. I agree to facilitate the development of and foster the continuation of relationships between the individual and his or her family members, friends, and other significant persons.

9. I agree at all times to respect the civil, legal, and human rights of the individual(s) and to support the person to exercise those rights and that the individual(s) will be treated with respect and dignity and kept free from abuse, neglect, and mistreatment.
10. I agree to respect the confidentiality of individuals and will adhere to all DDS HIPAA regulations as they relate to sharing of any information whether verbally, written, electronic or in photographic formats.
11. I agree to notify regional staff, or my private agency liaison worker if assigned one, of emergency situations, suspected incidents of abuse or neglect, and the death of an individual in my care, or any serious occurrences as required by CTH Regulations and all applicable department policies and procedures.
12. I agree that I will promptly notify the regional staff, or my private agency liaison worker, of pending or presently occurring life changes or other disruptions in my home involving either myself or occupants. Specifically, I will report changes in health, marital status, employment, arrests or any police activity occurring at my home with me or my occupants. In addition, I will report any allegations or abuse or neglect involving myself or occupants.
13. I understand that in order to protect the health and safety of my placed individual(s), I must promptly notify the regional staff, or my private agency liaison worker if assigned one, in advance of any new occupants in my home.
14. I agree that I will provide the regional CTH program administrator with a Certificate of Good Health when one is requested in response to actual or perceived changes in my health condition.
15. I understand that I must promptly notify the regional staff, or my private agency liaison worker, in advance of the location of my placed individual(s) should they at any time not be residing overnight in my CTH.
16. I agree that I will promptly notify the regional staff or my private agency liaison worker as soon as practicable should an emergency relocation from my home be required for any reason.
17. I agree to protect the financial interests and rights of the individual(s) and to ensure the person receives their monthly personal allowance and share of earned income as designated on the DDS payment authorization.
18. I agree to accept the agreed-upon payment amount as documented on the payment authorization form as full and complete payment and to refund or offset costs with any over-payments at the discretion of the department.
19. I agree and understand that the residential service rate and special support payments I receive from DDS are for the express purpose of supporting the services and/or expenses either provided by or arranged by me to my placed individual. These are services or expenses as outlined in DDS policy that are associated with the care or treatment of the individual while in my home, in the community or on respite.
20. I understand that being a CTH licensee is not considered as employment by DDS, and payments made to me as a CTH licensee are not taxable as income and that DDS recommends that Licensees not rely on the CTH payments as the sole support for their households.

21. I agree that I will maintain records regarding the management and use of the DDS residential service rate and management and use of the special support payments in accordance with DDS procedures for meeting the needs of my individual.
22. I understand the department has no obligation to place an individual into my licensed home and that I have no obligation to accept the placement of an individual into my licensed home.
23. I agree to allow authorized department personnel and/or my private agency liaison worker if assigned one, reasonable access to my home, and to the individual(s).
24. I agree that the department has the authority to make decisions regarding the protection and welfare of individual(s). I understand the department may remove any or all individuals, at any time if deemed necessary by the department.
25. I agree that admission or discharge of an individual to/from my CTH will only occur in cooperation with and the consent of the department.
26. I agree that I will provide a minimum notice period of not less than 30 days should I desire to have an individual discharged from my home. I understand that the department may waive this notice period if warranted by health and safety considerations.

The Department of Developmental Services agrees to the following:

1. To provide case management services and provide or to assist you in arranging other support services needed by the individual(s).
2. To work with the CTH licensee on all issues that arise regarding the individual(s) placed in the home.
3. To provide funding to the CTH licensee as identified in the Community Training Home payment authorization.
4. To make training opportunities available to the Community Training Home licensee or to assist them in finding appropriate community based training opportunities as needed.
5. To provide assistance for you to locate and obtain the community or generic supports and resources needed by the individual(s).
6. To provide assistance in the development and implementation of plans of correction required in obtaining and maintaining a Community Training Home license.
7. To make available copies, and inform CTH licensee(s) of all applicable regulations, policies and procedures of the department.
8. To request from PRAT when appropriate additional funding allocations to address emergency needs determined by the P&ST to not be met in the CTH residential service rate or LON based special support payments.

Effective Date: F. _____

Signed: _____
 CTH Licensee

_____ **Date**

Signed: _____
 CTH Co-Licensee

_____ **Date**

Approved: _____
 Regional Designee/Title

_____ **Date**